

From: Leinenkugel, Jake
Sent: 30 Jul 2018 16:21:06 +0000
To: (b)(6)
Subject: FW: COVER Commission

Here's info from my DFO (Designated Federal Officer). I will be appointing my Staff Director on Wednesday.

Sent with Good (www.good.com)

From: (b)(6) (b)(6) B.
Sent: Monday, July 30, 2018 9:04:19 AM
To: Leinenkugel, Jake
Cc: (b)(6) (b)(6) B.
Subject: RE: COVER Commission

The FACA database has a public facing site it lists the commissioners (no bios) and other information on the site under DVA COVER Commission. Both need updating as I noticed GAO has me as DFO on one link and AI on another. Will get (b)(6) to work that this week.

<https://www.facadatabase.gov/committee/historymembers.aspx?cid=2616&fy=2017>

The Federal Register <https://www.federalregister.gov/> is open to everyone to pull letters and it also includes the names of commissioners and DFO (not bios) and the minutes of the open meetings once you have approved and signed (b)(6) is preparing for signature now)

I have answered several request for names thru our shared email box but if you can direct those to us we will respond to them. I may need to hire someone just to do responses.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: Monday, July 30, 2018 11:41 AM
To: (b)(6) (b)(6) B.
Subject: RE: COVER Commission

(b)(6) What is public website access for Commission? I have had several requests.
Does it also have bios of commissioners included and your DFO role?

Sent with Good (www.good.com)

From: (b)(6) (b)(6) B.
Sent: Thursday, July 26, 2018 3:05:51 PM
To: Leinenkugel, Jake; (b)(6) (b)(6) D.; jakeleinie (b)(6) @gmail.com)
Subject: RE: COVER Commission

Jake attached is Bio and contact info on (b)(6) I have not been able to confirm with (b)(6) if the 450 is complete.

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From: Leinenkugel, Jake
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To: (b)(6) (b)(6) D.; (b)(6) (b)(6) B.; jakeleinie (b)(6) @gmail.com)
Cc: (b)(6) (b)(6) (FAV)
Subject: RE: COVER Commission

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More importantly, if you can verify, and quickly reply yes or provide a better one, that this is your preferred email to receive information for the COVER Commission.

Look forward to meeting all of you next month.

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[b](6) B. [b](6)

Designated Federal Officer

COVER Commission

[b](6)
[b](6)

From: Leinenkugel, Jake
Sent: 30 Jul 2018 15:35:11 +0000
To: jakeleinie
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Attachments: (b)(6) F

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Designated Federal Officer

COVER Commission

(b)(6)

(b)(6)

Page 010 of 266

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act

From: Leinenkugel, Jake
Sent: 30 Jul 2018 15:27:51 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] Fwd: Good stuff

There is a public website and I will send info.

Sent with Good (www.good.com)

From: (b)(6)
Sent: Monday, July 30, 2018 7:56:13 AM
To: Leinenkugel, Jake
Subject: Re: [EXTERNAL] Fwd: Good stuff

Good morning Jake.

Thank you for not leaving us out. We are constantly out there trying to add and prove up hbot for any neurological. We know it works.

Could I have a list of who all is on this Commission. Or is it online? What do you mean "hbot haters"? So you have already had a meeting and several have expressed this opinion? What about medicinal cbd for vet pain and addition? That also works. Is this going to be like starting all over again with this treatment? How powerful is Pence? Need that list. Work to do. We can help.

Always

(b)(6)

Sent from my iPhone

> On Jul 30, 2018, at 8:04 AM, Leinenkugel, Jake (b)(6) wrote:

>

> I highly suggest you have some of your group call-in or follow on Web our meetings public sessions. I hate to say there were several HBOT "haters" tuned in to our first session. I will send you information. I am on record saying we need to fully include and explore HBOT.

>

>

>

> Sent with Good (www.good.com)

>

>

> From (b)(6)

> Sent: Sunday, July 29, 2018 11:21:25 PM

> To: Leinenkugel, Jake

> Subject: Re: [EXTERNAL] Fwd: Good stuff

>

> Well. Now I have egg all over my face. But back to business. Lord, I was having a breakdown thinking you were gone.

> Have a VA mental health doctor from New Jersey that I met with today who is treating addiction with in patient vets. I am sending you her info. She is anxious to add hbot to treatment. We are working on her IRB and she will need funding. Will commission be possibly able to get involved with this? I am getting us involved in all areas of hbot use. Coming at me daily. Congratulations finally on new position. Whew.

You scared me. Back on track, my friend.

> (b)(6)

>

> Sent from my iPhone

>

>> On Jul 29, 2018, at 9:47 PM, Leinenkugel, Jake (b)(6) wrote:

>>

>>(b)(6) Sorry for confusion and probably not well stated on my behalf. I resigned my full time government position in order to accept the Chairman of COVER Commission. This decouples me as Senior White House Advisor - VA in order to fully concentrate and commit to Commission. Also allows me to report objectively to WH, Congress and VA on all Mental Health matters and with a less restrictions. Hope this is a better description of status.

>>

>>

>> Sent with Good (www.good.com<<http://www.good.com>>)

>>

>>

>> From: (b)(6)

>> Sent: Sunday, July 29, 2018 6:15:40 PM

>> To: Leinenkugel, Jake

>> Cc: (b)(6)@execpc.com (b)(6)@bellsouth.net (b)(6)@uta.edu;

(b)(6)

>> Subject: Re: [EXTERNAL] Fwd: Good stuff

>>

>> In totally a state of disbelief. Do you really think this Commission will have the impact without you leading it. Jake. I have been on the Hill for 18 years and have seen almost it all. It will not. We are having a conference call for AAHA executive board on Monday It will be to decide if we are through with Washington. My vote is yes. And FYI what CCI is trying to do is a total waste of time. I have been with them through the inception. It is wasted effort. Job security.

>> Sometimes you just have to tell the honest truth. And, I am. The government does not care about the vets. A lot of hype and empty words. I am taking this effort to the people. I hope when you are home, you are the people.

> (b)(6)

>>

>> Sent from my iPhone

>>

>>> On Jul 29, 2018, at 2:40 PM, Leinenkugel, Jake <Thomas.Leinenkugel@va.gov> wrote:

>>>

>>>(b)(6) Good to hear you are getting more advocates on board. I had to resign my VA SES position last Monday prior to my first COVER Commission meetings and formal WH announcement. I am 100% committed to this Commission and still request all resources and SME's from VA and outside private organizations. Commissioners will be deciding next couple of meetings which complementary or new care areas to review. We need to fully understand evidence based protocols currently in place and also Whole Health build out systemwide. Will stay in touch.

>>>

>>> V/R,

>>>

>>> Jake

>>>

>>>

>>> Sent with Good

(www.good.com<<http://www.good.com><<http://www.good.com><<http://www.good.com>>>)

>>>

>>>

>>> From: (b)(6)
>>> Sent: Sunday, July 29, 2018 8:33:02 AM
>>> To: Leinenkugel, Jake
>>> Subject: [EXTERNAL] Fwd: Good stuff
>>>
>>> I am getting AAHA in high Cotten now. Is there a VA entity that will do matching funds? I am tempted to get on a plane to come talk to you but I can't. Way too busy.
>>> Very important arenas we are in now. Meeting with City of Angels doctor from New Jersey here in Ft Worth on conference today. She heads up three rehab centers for vets with drug addition and works closely with VA. They are working with Kelly Ann Conway. They are partnering with AAHA. We need to talk.
>>> (b)(6)
>>>
>>> Sent from my iPhone
>>>
>>> Begin forwarded message:
>>>
>>> From: (b)(6) @gmail.com<mailto:(b)(6) @gmail.com>>
>>> Date: July 28, 2018 at 5:30:51 PM CDT
>>> To: thomas.leinenkugel@va.gov<mailto:thomas.leinenkugel@va.gov>
>>> Subject: Good stuff
>>>
>>> My trips to Indiana and Kentucky very product. Do you have any affiliation with the horse racing industry/people? I have taken on a new project with a research study on jockies and hbott. A world renown jokey met me in Kentucky (not the reason I was there) and asked me/AAHA if we could help and get involved. So we are. Getting A 4 person chamber to Kesmarc-reknown rehab center for multi million dollar race horses. Backs up to Win Star. WinStar owner started Kesmarc. I know (b)(6) and (b)(6)
(b)(6) for over 15 years. Stayed with (b)(6). We really need to talk. Individuals interested in funding our 28 million dollar project for the vets. I have a question. This is QT info. For you only right now. Other big stuff. I need your ear.
>>> (b)(6)
>>>
>>> Sent from my iPhone

From: Leinenkugel, Jake
Sent: 26 Jul 2018 19:52:14 +0000
To: (b)(6), (b)(6), (b)(6), (b)(6) D.; jakeleinie (b)(6) @gmail.com
Cc: (b)(6), (b)(6) (FAV)
Subject: RE: COVER Commission

Will leave with you to track and update his status. Also please have support staff build out updated contact lists with added cell #'s and emails. (Add my personal cell (b)(6) (b)(6) Correct my personal email to (b)(6) @gmail.com vs "Jack". Thanks much.

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From: (b)(6) (b)(6) B.
Sent: Thursday, July 26, 2018 12:43:16 PM
To: Leinenkugel, Jake; (b)(6) (b)(6) D.; jakeleinie (b)(6) @gmail.com
Cc: (b)(6) (b)(6) (FAV)
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Will do – I know he will be excited and I am trying to see if (b)(6) cleared him before this. Let's hope.

Thank you

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To: Leinenkugel, Jake (b)(6)

(b)(6) (b)(6)

(b)(6) (b)(6) @hsventures.org; (b)(6) @charter.net;

(b)(6) (b)(6) @bushcenter.org; (b)(6) (b)(6) J.

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Cc: (b)(6) (b)(6) B. (b)(6)

Subject: COVER Commission

Good morning Commissioners – I wanted to touch base with you and introduce myself as the Designated Federal Officer for the COVER Commission and to let you know that different parties (such as ethics) may be reaching out to you to clarify information prior to our July Meeting.

If you have not already, you should have a save the date for the first COVER Commission meeting on **July 24 and 25**. Agenda is still being modified but you can expect each day to be from 8:00am to about 5:00pm with a dinner planned for the commissioners only on the night of the 24th. Much more information will follow – this is just to ensure you have kept your calendar blocked.

More importantly, if you can verify, and quickly reply yes or provide a better one, that this is your preferred email to receive information for the COVER Commission.

Look forward to meeting all of you next month.

Vr/ (b)(6)

(b)(6) B. (b)(6)

Designated Federal Officer
COVER Commission

(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: 26 Jul 2018 18:10:27 +0000
To: Noller, Randal
Cc: Hutton, James; Cashour, Curtis; (b)(6) (b)(6) D.; Noller, Randal
Subject: RE: Jake Leinenkugel interview request

Randy: Very good call, thanks for making it happen.

Sent with Good (www.good.com)

From: Noller, Randal
Sent: Thursday, July 26, 2018 7:11:15 AM
To: Leinenkugel, Jake
Cc: Hutton, James; Cashour, Curtis; (b)(6) (b)(6) D.; Noller, Randal
Subject: RE: Jake Leinenkugel interview request

Jake,

I've confirmed with reporter for starting between 10:45 and 11:00.
James is also on board.

Thanks.

Randy

From: Leinenkugel, Jake
Sent: Thursday, July 26, 2018 7:59 AM
To: Noller, Randal
Cc: Noller, Randal; Hutton, James; Cashour, Curtis; (b)(6) (b)(6) D.
Subject: RE: Jake Leinenkugel interview request

10:30am. I will be at 1717 H St office of COVER Commission then will walk over to James H. office around 10:30am - 10:45am. Will that work?

Sent with Good (www.good.com)

From: Noller, Randal
Sent: Wednesday, July 25, 2018 7:23:56 PM
To: Leinenkugel, Jake
Cc: Noller, Randal; Hutton, James
Subject: RE: Jake Leinenkugel interview request

Thanks. Here are the reporter's available times.

Which one(s) work best for you?

Anytime Thursday (8 a.m. – 8 p.m.) or Friday morning (8 a.m. – 1 p.m.)

If none of those times work for Mr. Leinenkugel, I'll be available 8 a.m. – 8 p.m. Monday through Friday next week.

Randy

From: Leinenkugel, Jake
Sent: Wednesday, July 25, 2018 4:51 PM
To: Noller, Randal
Subject: RE: Jake Leinenkugel interview request

No problem.

Sent with Good (www.good.com)

From: Noller, Randal
Sent: Wednesday, July 25, 2018 11:18:41 AM
To: Leinenkugel, Jake
Cc: Noller, Randal; Hutton, James
Subject: RE: Jake Leinenkugel interview request

Jake,

I wanted to let you know that our political staff is in mandatory training this afternoon, so I'm trying to set up a time for the interview with Sarah Seifert.

I've left messages at both office and cell for her (and one for you as well.)

I just need to see what time(s) you may have available for the interview. I'm asking her the same so we can marry up a time.

Thanks!

Randy

From: Leinenkugel, Jake
Sent: Wednesday, July 25, 2018 1:11 PM
To: Hutton, James
Cc: Paige, Paula; Noller, Randal; Cashour, Curtis; Mojay, Ndidi
Subject: RE: Jake Leinenkugel interview request

Yes....what time?

Sent with Good (www.good.com)

From: Hutton, James
Sent: Wednesday, July 25, 2018 4:52:15 AM
To: Leinenkugel, Jake
Cc: Paige, Paula; Noller, Randal; Cashour, Curtis; Mojay, Ndidi
Subject: FW: Jake Leinenkugel interview request

Jake,

Below is an interview request from the Chippewa Herald based on our news release.

Would you be willing to be interviewed today?

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: Sarah Seifert [<mailto:Sarah.Seifert@lee.net>]
Sent: Tuesday, July 24, 2018 3:18 PM
To: VA Public Affairs
Subject: [EXTERNAL] Jake Leinenkugel interview request

Hello,

I'm a reporter with the Chippewa Herald newspaper in Chippewa Falls, Wisconsin. I'm trying to get in touch with the office of Jake Leinenkugel regarding the COVER veterans' mental health commission that the VA announced this morning. I'd love to set up a phone call this afternoon, if possible, or this week.

The Herald is Mr. Leinenkugel's hometown newspaper. We are writing a story about Mr. Leinenkugel's appointment to the new commission.

I've left a voicemail at the VA media line this afternoon as well. Thanks for any help you can offer.

Thanks,

Sarah Seifert
Reporter, Chippewa Herald
Office: (715) 738-1608
Cell/Text: (608) 381-6459
sarah.seifert@lee.net

From: Leinenkugel, Jake
Sent: 25 Jul 2018 20:49:49 +0000
To: Davis, Lynda
Subject: RE: Congrtulations on your First Meeting

Lynda: Thanks so much and I spoke to entire group of you and your fantastic work. We have great Commissioners and Tom Harvey is a hoot. Already enjoy his company.

Sent with Good (www.good.com)

From: Davis, Lynda
Sent: Wednesday, July 25, 2018 11:47:54 AM
To: Leinenkugel, Jake
Subject: Congrtulations on your First Meeting

Jake,

Thank you for stepping up to take an essential leadership role for the COVER Commission.

Its work is essential. I look forward to briefing your members on relevant information from VEO and assisting your deliberations as appropriate.

Supportively, Lynda

PS – Please say hi for me to my first mentor in DC – Tom Harvey

Lynda C. Davis, Ph.D., MPA
Chief, Veterans Experience Officer
Department of Veterans Affairs
Washington, D.C.

From: Leinenkugel, Jake
Sent: 25 Jul 2018 02:04:08 +0000
To: (b)(6) (b)(6) D.
Subject: FW: [EXTERNAL] FW: VA NEWS RELEASE: President Trump selects Jake Leinenkugel to lead VA commission focused on Veterans' mental health treatment
Attachments: President selects Jake Leinenkugel to lead critical commission focused on mental health care for Veterans.pdf

Forward this to (b)(6) This is the type of support and cooperation I would expect from SVAC.

Sent with Good (www.good.com)

From: (b)(6)
Sent: Tuesday, July 24, 2018 6:48:25 AM
To: Leinenkugel, Jake
Subject: [EXTERNAL] FW: VA NEWS RELEASE: President Trump selects Jake Leinenkugel to lead VA commission focused on Veterans' mental health treatment

This is good news. We had a member meeting this morning at which the effectiveness of VA mental health treatment was discussed at length. Really glad this is getting some focus.

From: (b)(6) [mailto:(b)(6)@va.gov]
Sent: Tuesday, July 24, 2018 8:30 AM
To: (b)(6) (Veterans Affairs) (b)(6)@vetaff.senate.gov>
(b)(6) @vetaff.senate.gov; (b)(6) (Veterans Affairs)
(b)(6) @vetaff.senate.gov; (b)(6)
Cc: (b)(6) (Veterans Affairs); (b)(6) (Veterans Affairs)
(b)(6) @vetaff.senate.gov (b)(6) Tucker, Brooks; (b)(6)
(b)(6)

Subject: VA NEWS RELEASE: President Trump selects Jake Leinenkugel to lead VA commission focused on Veterans' mental health treatment

Staff Directors,

Please see the attached news release that will go out this morning naming Jake Leinenkugel as the lead for the COVER Commission that will focus on mental health treatment.

Thank you, (b)(6)

VAU.S. Department
of Veterans Affairs

News Release

Office of Public Affairs
Media RelationsWashington, DC 20420
(202) 461-7600
www.va.gov**FOR IMMEDIATE RELEASE**

July 24, 2018

President Trump selects Jake Leinenkugel to lead VA commission focused on Veterans' mental health treatment

WASHINGTON — Today the U.S. Department of Veterans Affairs (VA) announced that President Donald J. Trump has selected former VA White House Senior Advisor Thomas “Jake” Leinenkugel to lead a key commission focused on the department’s mental health care programs.

The Creating Options for Veterans Expedited Recovery (COVER) commission will examine VA’s evidence-based therapy model for treating mental health conditions, as well as the department’s complementary and integrative mental health approaches.

“Jake has been an ambassador for change at VA, working to implement President Trump’s policies throughout the department over the past year and a half,” said Acting VA Secretary Peter O’Rourke. “As leader of this important new commission, Jake will continue to advocate for better care and services for his fellow Veterans.”

A former captain in the U.S. Marine Corps, Leinenkugel joined VA in January 2017 after retiring in 2014 from his family-operated business, Jacob Leinenkugel Brewing Co., where he had served as president for 26 years.

At VA, Leinenkugel has been instrumental in the creation of the department’s [“ChooseVA”](#) branding campaign and the implementation of November’s [National Veterans and Military Families Month](#). He has also worked to promote VA’s efforts to reduce Veteran suicides.

The COVER commission is scheduled to hold its first meeting July 24 and 25 in Washington, D.C.

For more information about the COVER commission, email COVERCommission@va.gov.

#

From: Leinenkugel, Jake
Sent: 25 Jul 2018 01:48:57 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] FW: VA NEWS RELEASE: President Trump selects Jake Leinenkugel to lead VA commission focused on Veterans' mental health treatment

Thanks (b)(6) Looking forward to working with you and the Chairman on this very important task.

V/R,

Jake

Sent with Good (www.good.com)

From: (b)(6)
Sent: Tuesday, July 24, 2018 6:48:25 AM
To: Leinenkugel, Jake
Subject: [EXTERNAL] FW: VA NEWS RELEASE: President Trump selects Jake Leinenkugel to lead VA commission focused on Veterans' mental health treatment

This is good news. We had a member meeting this morning at which the effectiveness of VA mental health treatment was discussed at length. Really glad this is getting some focus.

From: (b)(6) [mailto:(b)(6)@va.gov]
Sent: Tuesday, July 24, 2018 8:30 AM
To: (b)(6) [Veterans Affairs] (b)(6)@vetaff.senate.gov>
(b)(6) @vetaff.senate.gov); (b)(6) [Veterans Affairs]
(b)(6) @vetaff.senate.gov); (b)(6)
Cc: (b)(6) [Veterans Affairs]; (b)(6) (Veterans Affairs)
(b)(6) @vetaff.senate.gov); (b)(6) Tucker, Brooks (b)(6)
(b)(6)
Subject: VA NEWS RELEASE: President Trump selects Jake Leinenkugel to lead VA commission focused on Veterans' mental health treatment

Staff Directors,

Please see the attached news release that will go out this morning naming Jake Leinenkugel as the lead for the COVER Commission that will focus on mental health treatment.

Thank you, (b)(6)

From: Leinenkugel, Jake
Sent: 24 Jul 2018 11:34:32 +0000
To: Wagner, John (Wolf)
Subject: RE: Intermediate Care Technician Vacancy Concerns and HR 5938 Veterans Serving Veterans Act of 2018

Agree. I also agree with National Director position.....need accountability to an established advocate like (b)(6) can come in Thursday morning before leaving for BWI to assist. Can you work around fringes to establish game plan with next steps and key buy-ins? I'm currently at Capital Hilton (next 2 days) with initial COVER Commission kick-off.

From: Wagner, John (Wolf)
Sent: Tuesday, July 24, 2018 6:48 AM
To: Leinenkugel, Jake
Subject: Re: Intermediate Care Technician Vacancy Concerns and HR 5938 Veterans Serving Veterans Act of 2018

VERY interesting assessment. I think we need to take up with VHA and HR&A asap. If they don't work, SecVA. Make an example of them.

From: (b)(6) @va.gov>
Date: Tuesday, July 24, 2018 at 6:39 AM
To: "Wagner, John (Wolf)" <John.Wolf.Wagner@va.gov>
Cc: "Leinenkugel, Jake" <Thomas.Leinenkugel@va.gov>, (b)(6) @va.gov>,
(b)(6) @va.gov> (b)(6) @va.gov>, (b)(6) @va.gov>,
(b)(6) @mail.house.gov>, (b)(6) @va.gov>
(b)(6) @mail.house.gov>, (b)(6) @va.gov>
Subject: Intermediate Care Technician Vacancy Concerns and HR 5938 Veterans Serving Veterans Act of 2018

Good morning Mr. Wagner,

I came in a hour early today, and I wanted to share with you a concern, on how numerous facilities have been posting the Intermediate Care Technician positions throughout the Department of Veterans Affairs. In 2012 the Intermediate Care Technician Pilot Program, was designed to recruit transitioning former military medics, and corpsman to come work at the VA, so that the VA could take advantage of their military training and experience, but if you see Decatur, GA VA vacancy, only people internal to an agency can apply. Basically, NO transitioning former military medic and corpsman, that decides to return home to Georgia, after serving our country honorably can apply for this position. That is heartbreaking to me. I have received complaints from former military medics and corpsman that have been bypassed for ICT positions. They were bypassed by non-veterans, and non-former military medics and corpsman. I honestly believe that one of the three things need to happen to prevent situations like this from happening again.

One: Human Resources Letter, that mandates the VA to only hire former military medics and corpsman into Intermediate Care Technician positions.

Two: Before # 2 happens there needs to be a permanent ICT National Program Director, so it shows that the Department of Veterans Affairs are committed and serious about this program. Over six years and still no permanent ICT National Program Director. Please view attached document for item # 2.

Three: Maybe there needs to be legislation to mandate that the VA hires Intermediate care Technicians, and those positions can only be filled by former military medics, and corpsman. Hopefully, this can be fixed so we don't get to item # 3.

<https://www.usajobs.gov/GetJob/ViewDetails/505670400>

In addition, I would like to share with you an idea in regards to Rep. Jennifer Gonzalez HR 5938 Veterans Serving Veterans Act of 2018. This legislation if approved, it would require the SECVA to establish a vacancy and recruitment database, and to establish and implement a certification program for the intermediate care technicians at the VA. I believe that it could be beneficial to the VA, if the VA established a ***Military Healthcare Transitioning Office***, this office would be responsible for maintaining the vacancy and recruitment database, so that it could match transitioning healthcare providers into needed positions. During my brief tenure Acting ICT Program Director, I had a Microsoft Access database that notified former military medics and corpsman when a ICT position came available, so I know that database can work. By having an office it allows these transitioning healthcare providers a place to identify with and to contact prior to them leaving service. In my opinion this office should not fall under nursing service, and be moved to the VA/DOD Coordination Office. Thank you for your time, and have a great week.

Military Healthcare Transitioning Office

- ***Healthcare Provider***
- ***Veterans to Executives Program***
- ***Former Military Medics and Corpsman***
- ***CAMVET/Grow your Own***

Very Respectfully,

(b)(6) HMC(SW/AW/FMF), USN (Ret)
Health System Specialist
Credentialing & Privileging Section (11)
VA Caribbean Healthcare System
10 Casia Street
San Juan, PR 00921-3201
Phone: (787) 641-7582 Ext. (b)(6)
Fax: (787)641-3672
Email: (b)(6) @va.gov
<https://fcp.vetpro.org/Admin/Login/Index> (VetPro website)



Choose VA

Our lives begin to end the day we become silent about things that matter.
Martin Luther King Jr

From: Leinenkugel, Jake
Sent: 24 Jul 2018 00:49:18 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] Need your help

VA Mental Health Care. Is it effective for our veterans? Are we doing enough? Are they getting better? Other complementary and integrative models we aren't employing? Also 8 other subjects to deeply review. Read the CARA Act of 2016...,it is derailed in lady 6 pages of Act.

Sent with Good (www.good.com)

From: (b)(6)
Sent: Monday, July 23, 2018 5:15:33 PM
To: Leinenkugel, Jake
Subject: Re: [EXTERNAL] Need your help

Jake

Congratulations! What exactly is the CIVER Commission?

Who would be the right person to speak with at the WH on the issue of the Army failing to do much except waste money on the development of PTSD therapies.

Thanks for getting back to me

Bill

> On Jul 23, 2018, at 1:00 PM, Leinenkugel, Jake <Thomas.Leinenkugel@va.gov> wrote:
>
> Hi (b)(6) I was appointed as Chairman of the Presidential COVER Commission effective July 1st. Best part is living and working out of WI & AZ. VA in huge transition with new incoming SECVA and key leadership TBA. Best news the drug has breakthrough status and will be interesting to await veteran trial. I personally feel we use too many drugs for treatments and am a believer in recent successes of Whole Health care and results.

>

>

>

> Sent with Good (www.good.com)

>

>

> From: (b)(6)

> Sent: Saturday, July 21, 2018 1:05:53 PM

> To: Leinenkugel, Jake

> Subject: [EXTERNAL] Need your help

>

> Jake
>
> Our mutual friend (b)(6) speaks very highly of you and I would like to ask your advice.
>
> By way of background I am a former member of the Wisconsin State Assembly (for context (b)(6)
(b)(6) was a colleague).
>
> I lobbied in Madison for many years, sold my business there and I have been practicing full-time in DC since 2004.
>
> Worked for (b)(6) and (b)(6) including time for (b)(6) at the Pentagon. I was the Acting ASD for Legislative Affairs
>
> I represent Tonix Pharmaceuticals (www.tonixpharma.com/research-development/tonmya-for-ptsd
<<http://www.tonixpharma.com/research-development/tonmya-for-ptsd>>) which is developing a new medicine (Tonmaya®) for the treatment of PDST. We are in Phase Three trials and received breakthrough status from FDA
>
> Our problem is NOT with VA, but with the Army that has shown no interest in us and is about to blow \$25 million on a consortium which will do nothing to bring treatment to the service members who need it. We have strong support on the Hill including Committee report language in both last year's and this year's NDAA
>
> Is it possible for us to set up a brief call at your convenience to discuss? Suggest a time and number
>
> Thanks
>
> (b)(6)
> www(b)(6).com<[http://www\(b\)\(6\).com](http://www(b)(6).com)>
> (b)(6).com<[mailto:\(b\)\(6\).com](mailto:(b)(6).com)>

From: Leinenkugel, Jake
Sent: 24 Jul 2018 00:41:14 +0000
To: (b)(6) (b)(6) B.
Subject: RE: (b)(6) and COVER Meeting

Got all info. Didn't pack ties..,had to run to Nordstrom Rack. Binders are fantastic. See you in morning. What time you on deck?

Sent with Good (www.good.com)

From: (b)(6) (b)(6) B.
Sent: Monday, July 23, 2018 2:27:25 PM
To: Leinenkugel, Jake
Subject: RE: (b)(6) and COVER Meeting

Jake did you make it in? The brief to the Secretary went well.

I wanted to get your binder to you tonight – can bring it by the hotel – just let me know.

We will be there between 6:00am and 630 am tomorrow since we were not able to set up tonight.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: Monday, July 23, 2018 1:24 PM
To: (b)(6) (b)(6) B.
Subject: RE: (b)(6) and COVER Meeting

Do you have my completed binder with updated agendas, etc? I just landed at BWI 30 minutes ago and catching train.

Sent with Good (www.good.com)

From: (b)(6) (b)(6) B.
Sent: Monday, July 23, 2018 10:18:23 AM
To: Leinenkugel, Jake
Subject: RE: (b)(6) and COVER Meeting

Agree – I have talked to him this morning and he is aware and has no problems. I told him I would leave the binder of articles and such that we had sent out to other commissioners since it has nothing to do with Procedures and guidance and operating. (b)(6) and OGC said that was fine and then open sessions he can sit in and just not at the table.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: Monday, July 23, 2018 1:14 PM
To: (b)(6) (b)(6) B
Subject: RE: (b)(6) and COVER Meeting

Policy and procedures must be adhered.

Sent with Good (www.good.com)

From: (b)(6) (b)(6) B.
Sent: Monday, July 23, 2018 7:22:58 AM
To: Leinenkugel, Jake
Subject: RE: (b)(6) and COVER Meeting

Does not look like we got an exception only because the legislation specifically points that there can be no conflict of interest. We began sending him what we needed last Friday in hopes he would have time to begin working on it but there is no way Carol would have time to do the review. So he can only sit public right now and not at the table.

Once we get his 450 and it is reviewed we can bring him here for a day to go thru the orientation pieces and set him up for August.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: Friday, July 20, 2018 7:19 PM
To: (b)(6) (b)(6) B.
Subject: RE: (b)(6) and COVER Meeting

I figured as much so not surprised. I would expect and hope he is able to get exception.

From: (b)(6) (b)(6) B.
Sent: Friday, July 20, 2018 5:21 PM
To: Leinenkugel, Jake
Cc: (b)(6) (b)(6) B.
Subject: (b)(6) and COVER Meeting

Jake – I know the financial disclosure is a big part of qualifying member to sit on the commission board during open and closed sessions. Because (b)(6) has not been vetted in that respect OGC is telling me that he will only be allowed to join the commission during open sessions per 5 C.F.R. §2634.903(b)(1)

This requires all to file a new entrant report no later than 30 days after assuming the position or office. Additionally, the COVER Charter states under “QUALIFICATIONS” that members of the COVER Commission shall be individuals who “do not have a financial interest in any of the complementary and integrative health treatments reviewed by the COVER Commission.” Review of financial disclosure reports by an ethics official helps determine whether or not a member has financial conflicts of interests that would affect his qualifications as a member.

I have asked if we can get the first morning as an exception since it is orientation and it does not make a lot of sense to have him miss that. It will be Monday before Jessica Tanner the other legal person is in and we can get clarification. Tom won’t be answering email or phones until Monday it seems due to travel so I will be able to talk to him then.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: 24 Jul 2018 00:38:47 +0000
To: Cashour, Curtis
Cc: Ullerot, John; Hutton, James
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Damn you guys are good! Miss being with you everyday, but Wisconsin sure is beautiful right now! Great job and LOVE the headline.

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Monday, July 23, 2018 1:49:09 PM
To: Leinenkugel, Jake
Cc: Ullerot, John; Hutton, James
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Jake – please see attached clean and tracked versions of the release reflecting our edits – we shortened it, sharpened it and kept the bio info in line with other governmental releases.

Please let us know if you have any questions.

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: Leinenkugel, Jake
Sent: Friday, July 20, 2018 5:24 PM
To: Cashour, Curtis <Curt.Cashour@va.gov>; Ullerot, John <John.Ullerot@va.gov>
Cc: (b)(6) (b)(6) (b)(6) @va.gov
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Roger that.

From: Cashour, Curtis
Sent: Friday, July 20, 2018 5:16 PM

To: Leinenkugel, Jake; Ullyot, John

Cc: (b)(6) (b)(6) D.

Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

For news releases, Paula typically does the initial draft, then James and John edit and approve from there.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: Leinenkugel, Jake

Sent: Friday, July 20, 2018 5:12 PM

To: Ullyot, John <John.Ullyot@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>

Cc: (b)(6) (b)(6) D. (b)(6)

Subject: FW: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Hey John and Curt. My apologizes as I should have included you in my initial reaction message to Paula. I thought Curt was going to lead this with James???

From: Leinenkugel, Jake

Sent: Friday, July 20, 2018 5:06 PM

To: Paige, Paula

Cc: Hutton, James; Noller, Randal; Christian, Tatjana; O'Rourke, Peter M.; (b)(6) (b)(6) D.; Jake Leinenkugel; Leinenkugel, Jake

Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

+ASECVA + (b)(6) (b)(6)

I suggest and want WH & VA senior leadership approval to add in text that..... "Jake was "recently appointed by the President to Chair the commission, or he was recently appointed by President Trump to Chair...." Something that specific as it's a key miss from original release (Presidential Nomination & Commission).

From: Paige, Paula

Sent: Friday, July 20, 2018 4:32 PM

To: Leinenkugel, Jake

Cc: Hutton, James; Noller, Randal; Christian, Tatjana

Subject: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Mr. Leinenkugel,

I have attached a draft news release announcing your heading the COVER commission. It's been written and edited to conform to VA, Associated Press and news writing/journalism style. Can you please review for accuracy and answer a few questions?

If you can respond by Monday afternoon that would be ideal.

Thank you.

Very Respectfully,

Paula A. Paige

Office of Media Relations, U.S. Department of Veterans Affairs

810 Vermont Ave. NW, Room 913

Washington, D.C. 20420

Paula.paige@va.gov

202-461-5837 (work)

202-590-2719 (cell)

www.vets.gov

VA on Facebook. [Twitter](#). [YouTube](#). [Flickr](#). [Blog](#)



From: Leinenkugel, Jake
Sent: 23 Jul 2018 17:21:06 +0000
To: Paige, Paula
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

I agree. The way we were raised and taught!

Sent with Good (www.good.com)

From: Paige, Paula
Sent: Monday, July 23, 2018 10:16:03 AM
To: Leinenkugel, Jake
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

OK, Jake. Will do. Military habits and parental/professional courtesies are hard to put aside. :)

Very Respectfully,
Paula A. Paige
Office of Media Relations, U.S. Department of Veterans Affairs
810 Vermont Ave. NW, Room 913
Washington, D.C. 20420
Paula.paige@va.gov
202-461-5837 (work)
202-590-2719 (cell)
www.vets.gov
VA on [Facebook](#). [Twitter](#). [YouTube](#). [Flickr](#). [Blog](#)



From: Leinenkugel, Jake
Sent: Monday, July 23, 2018 1:14 PM
To: Paige, Paula <Paula.Paige@va.gov>
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Paula: Please call me Jake. Much easier than my last name.

Sent with Good (www.good.com)

From: Paige, Paula
Sent: Monday, July 23, 2018 6:31:14 AM
To: Leinenkugel, Jake
Cc: Hutton, James; Noller, Randal; Christian, Tatjana; (b)(6) @gmail.com
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

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From: Leinenkugel, Jake
Sent: Sunday, July 22, 2018 9:21 PM
To: Paige, Paula <Paula.Paige@va.gov>
Cc: Hutton, James <James.Hutton@va.gov>; Noller, Randal <Randal.Noller@va.gov>; Christian, Tatjana <Tatjana.Christian@va.gov>; (b)(6) @gmail.com; Leinenkugel, Jake <Thomas.Leinenkugel@va.gov>
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

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From: Leinenkugel, Jake
Sent: 23 Jul 2018 17:19:51 +0000
To: Paige, Paula
Cc: Hutton, James; Noller, Randal; Christian, Tatjana; (b)(6) @gmail.com'
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Awesome Paula. Thanks much.

V/R,

Jake

Sent with Good (www.good.com)

From: Paige, Paula
Sent: Monday, July 23, 2018 8:59:09 AM
To: Leinenkugel, Jake
Cc: Hutton, James; Noller, Randal; Christian, Tatjana; (b)(6) @gmail.com'
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Mr. Leinenkugel,

I've incorporated all your changes. Can you respond to the question highlighted in yellow?

President selects VA senior official to lead critical commission focused on mental health treatment for Veterans

WASHINGTON — President Donald J. Trump recently selected Thomas “Jake” Leinenkugel, a former senior White House adviser to the U.S. Department of Veterans Affairs (VA), to lead a key commission that will focus on how the department provides mental health care to Veterans.

The commission, titled Creating Options for Veterans Expedited Recovery (COVER), will examine the evidence-based therapy treatment model used by VA for treating the mental health conditions of Veterans, as well as the potential benefits of incorporating complementary and integrative health approaches as standard practice throughout VA.

“Jake has been an ambassador for change at VA, ensuring all President Trump’s policies were executed throughout the department,” said VA’s Acting Secretary

Peter O'Rourke of Leinenkugel's appointment, which became effective DATE HERE. "A Veteran himself, I'm sure Jake will continue to advocate on behalf of all Veterans, especially those challenged with mental health issues."

The COVER commission is scheduled to hold its first meeting July 24 and 25 in Washington, D.C.

Leinenkugel was appointed to his VA advisory position in January 2017 after temporarily retiring from his family-operated business, Jacob Leinenkugel Brewing Co., based in Wisconsin. There, he served in various roles for more than 35 years at the brewery, eventually ascending to become president in 1988 until he retired in 2014.

The Chippewa Falls, Wisconsin, native served 11 years — six on active duty and five in the Reserve forces — in the Marine Corps from 1976 to 1987 and left as a captain. Leinenkugel's educational background includes a bachelor's degree in business and human resources management from Pepperdine University; and business courses from the Wharton Business School, Columbia University and the Darden Business School.

Leinenkugel was instrumental in the creation of VA's new "[ChooseVA](#)" branding campaign and the implementation of Veterans and Military for the entire month of November. He also emphasized providing greater access and ease of scheduling for Veteran quality care, raising the emphasis to expand the [Intermediate Care Technician](#) program to bring in more separated military medics, corpsman, doctors and nurses into the VA health-care system. Another passion was communicating VA's efforts to reduce Veteran suicides—which has resulted in his current tour of duty: leading the COVER commission as it examines VA's research and treatment efforts to help Veterans struggling with mental health illnesses.

For more information about the COVER commission, email COVERCommission@va.gov.

###

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From: Paige, Paula

Sent: Monday, July 23, 2018 9:31 AM

To: Leinenkugel, Jake <Thomas.Leinenkugel@va.gov>

Cc: Hutton, James <James.Hutton@va.gov>; Noller, Randal

<Randal.Noller@va.gov>; Christian, Tatjana <Tatjana.Christian@va.gov>;

(b)(6) @gmail.com

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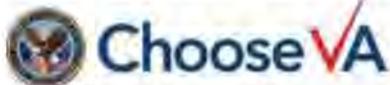
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From: Leinenkugel, Jake
Sent: 23 Jul 2018 17:00:08 +0000
To: (b)(6)@broydrick.com
Subject: RE: [EXTERNAL] Need your help

Hi (b)(6) I was appointed as Chairman of the Presidential COVER Commission effective July 1st. Best part is living and working out of WI & AZ. VA in huge transition with new incoming SECVA and key leadership TBA. Best news the drug has breakthrough status and will be interesting to await veteran trial. I personally feel we use too many drugs for treatments and am a believer in recent successes of Whole Health care and results.

Sent with Good (www.good.com)

From: (b)(6)
Sent: Saturday, July 21, 2018 1:05:53 PM
To: Leinenkugel, Jake
Subject: [EXTERNAL] Need your help

Jake

Our mutual friend (b)(6) speaks very highly of you and I would like to ask your advice.

By way of background I am a former member of the Wisconsin State Assembly (for context (b)(6) was a colleague).

I lobbied in Madison for many years, sold my business there and I have been practicing full-time in DC since 2004.

Worked for (b)(6) and (b)(6) including time for (b)(6) at the Pentagon. I was the Acting ASD for Legislative Affairs

I represent Tonix Pharmaceuticals (www.tonixpharma.com/research-development/tonmaya-for-ptsd) which is developing a new medicine (Tonmaya®) for the treatment of PDST. We are in Phase Three trials and received breakthrough status from FDA

Our problem is NOT with VA, but with the Army that has shown no interest in us and is about to blow \$25 million on a consortium which will do nothing to bring treatment to the service members who need it. We have strong support on the Hill including Committee report language in both last year's and this year's NDAA

Is it possible for us to set up a brief call at your convenience to discuss? Suggest a time and number

Thanks

(b)(6)

www.broydrick.com

(b)(6) @broydrick.com

(b)(6)

From: Leinenkugel, Jake
Sent: 23 Jul 2018 01:20:43 +0000
To: Paige, Paula
Cc: Hutton, James; Noller, Randal; Christian, Tatjana; (b)(6) @gmail.com; Leinenkugel, Jake
Bcc: Cashour, Curtis
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

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From: Leinenkugel, Jake
Sent: 22 Jul 2018 20:20:43 -0500
To: Paige, Paula
Cc: Hutton, James; Noller, Randal; Christian, Tatjana
Tatjana (b)(6) @gmail.com; Leinenkugel, Jake
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

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From: Leinenkugel, Jake
Sent: 20 Jul 2018 21:12:23 +0000
To: Ullerot, John; Cashour, Curtis
Cc: (b)(6) (b)(6) D.
Subject: FW: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Hey John and Curt. My apologizes as I should have included you in my initial reaction message to Paula. I thought Curt was going to lead this with (b)(6) ??

From: Leinenkugel, Jake
Sent: Friday, July 20, 2018 5:06 PM
To: Paige, Paula
Cc: Hutton, James; Noller, Randal; Christian, Tatjana; O'Rourke, Peter M.; (b)(6) (b)(6) D.; Jake Leinenkugel; Leinenkugel, Jake
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

+ASECVA + (b)(6) (b)(6)

I suggest and want WH & VA senior leadership approval to add in text that.... "Jake was "recently appointed by the President to Chair the commission, or he was recently appointed by President Trump to Chair...." Something that specific as it's a key miss from original release (Presidential Nomination & Commission).

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Sent: Friday, July 20, 2018 4:32 PM
To: Leinenkugel, Jake
Cc: Hutton, James; Noller, Randal; Christian, Tatjana
Subject: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

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From: Leinenkugel, Jake
Sent: 20 Jul 2018 21:10:42 +0000
To: Paige, Paula
Cc: Hutton, James; Noller, Randal; Christian, Tatjana; O'Rourke, Peter [REDACTED] [REDACTED]
D.; Ulyot, John; Cashour, Curtis
Subject: RE: VA senior official named to commission focused on mental health treatment
for Veterans_18JULY2018

+ASECVA [REDACTED] [REDACTED] +John Ulyot +Curt Cashour

Final point. Headline is soft and could be bolder. Not just named to another ho hum commission. Rather chosen by President to Chair a critical Commission. I don't write headlines, but if you want media to react at least make announcement as big, bold and truthful to garner proper attention.

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Sent: Friday, July 20, 2018 4:32 PM
To: Leinenkugel, Jake
Cc: Hutton, James; Noller, Randal; Christian, Tatjana
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From: Leinenkugel, Jake
Sent: 20 Jul 2018 16:05:45 -0500
To: Paige, Paula
Cc: Hutton, James; Noller, Randal; Christian, Tatjana; O'Rourke, Peter [REDACTED] [REDACTED]
D.; Jake Leinenkugel; Leinenkugel, Jake
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

+ASECVA + [REDACTED] [REDACTED]

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To: Paige, Paula
Cc: Hutton, James; Noller, Randal; Christian, Tatjana
Subject: RE: VA senior official named to commission focused on mental health treatment for Veterans_18JULY2018

Paula: Nicely written and all accurate. I will provide you with a couple of sentences in regards to "imprint and aspirations" by Sunday. Thanks much.

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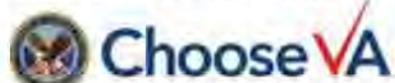
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From: Leinenkugel, Jake
Sent: 20 Jul 2018 19:42:35 +0000
To: (b)(6) (b)(6) B.
Subject: RE: Announcement: Dr. Clancy Farewell

Unsure.

From: (b)(6) (b)(6) B.
Sent: Friday, July 20, 2018 11:51 AM
To: Leinenkugel, Jake
Subject: FW: Announcement: Dr. Clancy Farewell

Have you seen this – now I don't know if Dr Clancy is showing up and if they passed invite to Dr Stone

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: US Department of Veterans Affairs
Sent: Friday, July 20, 2018 9:44:30 AM
To: VhaAllusers
Subject: Announcement: Dr. Clancy Farewell

MESSAGE FROM THE EXECUTIVE IN CHARGE **July 20, 2018**

Dear Colleagues:

As I prepare to assume new responsibilities as Deputy Under Secretary for Health for Discovery and Advancement and welcome Dr. Richard A. Stone as Executive in Charge, it is with great pride that I invite you to look back on just a few of the great accomplishments you have all worked together to achieve for our Veterans.

We are modernizing our VHA with changes that make it better and more efficient such as improving access to care by implementing "same day services" for Primary Care and Mental Health in ALL of our clinics.

We began using a system that allows established patients to schedule their own appointments for routine care and started sending text messages to remind Veterans of

their clinic appointments. The response from Veterans proves they really appreciate this service.

More Veterans can be seen today because we decreased the number of "no show" clinic appointments by more than 100,000. We also reduced the time for a Veteran with an urgent need to see a specialist from 19 days to 2 days. Veterans, Congress and VSOs were impressed with the exciting advances in VA research that we shared with them at the first Research Day in Washington DC.

Preventing suicides remains our top priority and we answered more than 500,000 calls to our Veterans Suicide Line with an average time to answer of 8 seconds. This is MUCH faster than the industry average across the country. We continued our goal of modernizing VHA when we embarked on the largest electronic health record implementation in the country.

On the clinical front lines, few achievements are more remarkable than the proud fact that we have cured the hepatitis C infection in more than 100,000 Veterans.

Our unprecedented transformation of VHA continued as we helped more than 2 million Veterans receive care in the community. We also reached out to transitioning service members to improve access for those in need of Mental Health services and collaborated with the Department of Defense in areas of patient safety, logistics and more.

Finally, we worked tirelessly to have the MISSION Act passed which merges multiple community care programs into one, making it easier to navigate for Veterans, VA employees, and our community partners.

That is a selective and incomplete list of all you have achieved for America's Veterans. It has been an honor for me to join you in providing the exceptional care for the men and women who have served to keep our country safe. Our most important asset continues to be your commitment to serving women and men who serve in uniform.

On their behalf, thank you for the remarkable job you do every day. It has been an honor and a privilege to serve as your "coach".

Carolyn M. Clancy, MD, MACP

From: Leinenkugel, Jake
Sent: 20 Jul 2018 15:34:24 +0000
To: (b)(6) (b)(6) B.
Subject: RE: Commission Functioning 7.20.18 (5).pptx

Perfect on (b)(6) Would hope OCLA can reach out to Majority for (b)(6) contact data.

From: (b)(6) (b)(6) B.
Sent: Friday, July 20, 2018 11:22 AM
To: Leinenkugel, Jake
Subject: RE: Commission Functioning 7.20.18 (5).pptx

Awesome – I am making the change to ad hoc and just labeling that sub committees and inserting on a page a bullet about talking to the press.

BTW (b)(6) is from Commission on Care and OCLA did not have info on him so I have asked ACMO if they have it.

Also (b)(6) agreed to take her slide deck to a few bullets and talk (yeah!! That was a 32 page brief she had) I told her we will leave the large brief in the binder but not what is being shown.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
202-461-6475

From: Leinenkugel, Jake
Sent: Friday, July 20, 2018 11:09 AM
To: (b)(6) (b)(6) B.
Subject: RE: Commission Functioning 7.20.18 (5).pptx

(b)(6) Once again.....really well done. Fantastic working document for initial meeting discussion. Lays out reporting, ground rules, sense of urgency and purpose of Commission.

From: (b)(6) (b)(6) B.
Sent: Friday, July 20, 2018 9:52 AM
To: Leinenkugel, Jake
Subject: Commission Functioning 7.20.18 (5).pptx

Good morning Jake – this is what I want to go over with you. They are things that we need to as a Commission agree to ground rules. Apparently there have been rouge groups and sub-committees that have caused significant issues and this protects us up front – the one thing I do need to add is talking to

the Press or the committees and on the Hill – that should be you unless you designate on your behalf but commissioners should not be doing it anywhere about COVER without you.

(b)(6)

From: Leinenkugel, Jake
Sent: 20 Jul 2018 15:14:00 +0000
To: (b)(6) EOP/WHO
Cc: (b)(6) (b)(6) D.; O'Rourke, Peter M.
Subject: FW: August meeting
Attachments: COVER draft agenda for Exec Summary V1_07_19_2018 (2).docx

(b)(6) As you can see there is a lot of meat on this bone. You will notice the parallel path vis-à-vis Executive Order and your Suicide initiative. There will be intersection with this Commission.

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 5:31 PM
To: Leinenkugel, Jake
Cc: (b)(6) (b)(6) D.; (b)(6) (b)(6) B.
Subject: August meeting

Jake - So far 7 confirmed brief/panel members have agreed to August – waiting on 3 more 2 of which I am pretty certain (b)(6) and (b)(6) and a recent add (b)(6) National Pain). We pushed the Letter to VIEWS and are also pulling the conference packet together.

We are in the process of printing for the deskside binder for this meeting and our purchased binders are due to be delivered tomorrow so we will get as close to finished hopefully by end of tomorrow. (b)(6) and I will pick up equipment tomorrow and Monday bring to the hotel.

Can we schedule time Monday (maybe 2pm) to talk about the items on Day 2 during the closed session. We are putting together some talking slides to address each of them. It will be a discussion but we will need a couple of decisions/agreements to come out of it.

Was (b)(6) able to reach you he called and I gave him your work cell.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

COVER COMMISSION

MEETING AGENDA

July 24-25, 2018

Day 1 (July 24 2018) Closed Meeting (Pan American Room)

8:00 – 8:10AM	DFO Opening Statement and Introduce Chair, Jake Leinenkugel [b](6) [b](6)
8:10 - 9:00AM	Welcome Remarks from COVER Chair and begin introduction of key leadership, and Commissioners (Jake Leinenkugel)
8:30 – 9:00AM	Commission Photo
9:00-9:45 AM	Resume Introductions (Jake Leinenkugel) <ul style="list-style-type: none">• Commissioners• Commission support staff• Contractor team members
9:45-10:00AM	Break
10:00-10:30AM	Orient Commissioners to Binder [b](6) [b](6)
10:30-10:45AM	ACMO (Mr [b](6))
10:45-11:30AM	Ethics (Ms [b](6))
11:30 – 1145AM	Privacy and Travel Training and acknowledgement; MAX overview [b](6) and [b](6) [b](6)
11:45-12:00PM	Review of Comprehensive Addiction and Recovery Act (CARA) 2016 Legislation: Section 931, to include COVER Charter (Jake Leinenkugel and [b](6) [b](6))
12:00-1:00PM	Lunch
1:00	DFO statement for Open Meetings [b](6) [b](6)

Open Meeting (South American A/B Room)

1:00-2:15PM	Overview of VHA Healthcare Services and broad Overview of Mental Health Services in VA. (Section 931 of CARA Legislation: Aligns to Commission Duty #3) Presenter: [b](6) <i>VHA overview</i> Presenters: Lu Beck, Wendy Tenhula
-------------	--

Content: Overview of VHA's integrated health system; the demographics and characteristics of the Veterans who use VA healthcare and overview of VA Mental Health Services.

COVER COMMISSION

2:15-3:15PM	Overview of VA Whole Health System and Complementary and Integrative Health (CIH) (Section 931 of CARA Legislation: Aligns to Commission Duty #3) Presenters: (b)(6) OPCC&CT
	<u>Content:</u> Overview of VA's Whole Health System, the Department's expansion of CIH, and the Whole Health Flagship sites
3:15-3:30PM	Break
3:30 – 4:45PM	Presentation on the National Academy of Medicine Study: Evaluation of VA Mental Health Services (2018) (Section 931 of CARA Legislation: Aligns to Commission Duties #2, #4 & #5) Presenters: Dr. (b)(6)
	<u>Content:</u> National Academy will provide an overview of their congressionally-mandated study, "Evaluation of the Department of Veterans Affairs Mental Health Services". The National Academies of Sciences, Engineering, and Medicine carried out a study evaluating Veterans' ability to access VA mental health services, the quality of mental health services provided by VA and provided VA with recommendations on actions that could be taken to improve access and quality of services. This independent assessment included reviewing the relevant published literature, conducting site visits to VA Medical Centers, and conducting a survey of Veterans using and not using VA mental health services. The National Academy will present the findings and recommendations that they delivered to VA; followed by a discussion by the Commissioners.
4:45-5:00PM	Confirm plans for group dinner; Adjourn (Jake Leinenkugel)

COVER COMMISSION

Day 2 (July 25, 2018)	Open Meeting (South American A/B Room)
8:00-8:30AM	DFO open statement for open meetings; Chair calls meeting to order; Review of Day One, Outline for Day Two (Jake Leinenkugel and (b)(6) (b)(6))
8:30-9:30AM	Overview of VA's Evidence-Based Practice Program and Clinical Practice Guidelines (Section 931 of CARA Legislation: Aligns to Commission Duties #1 & #5) Presenter: (b)(6) PhD; (b)(6) PhD
	<u>Content:</u> VA approach to Evidence-Based Practice and Clinical Practice Guidelines on effective mental health treatments; followed by Commission discussion about how VA goes about determining the effectiveness of treatments for mental health, substance use, and suicide prevention; Commission discussion of the presentation and current clinical practice guidelines.
9:30-9:45AM	Break
9:45-10:30AM	Recommended Approach for an Evidence-Based Review on Effectiveness of CIH for Mental Health (Section 931 of CARA Legislation: Aligns to Commission Duty #3) Presenters: (b)(6) MD, MPH (Sigma)
	<u>Content:</u> Discuss what the legislation requires; present possible approaches to evidence-based review of CIH (or list of activities outlined in Duty #3, A-K), with a focus on key study questions to define scope and focus of the evidence-based review; allow Commissioners time to discuss approaches to studying the effectiveness of current treatments and deliberate on how to direct Commission staff to proceed in the evidence-based review; end with clear guidance on how to proceed.
10:30 – 11:00AM	Acting Secretary address commission
11:00 – 12:00PM	Recommended approaches and considerations to satisfy Patient-Centered Survey COVER requirement (Section 931 of CARA Legislation: Aligns to Commission Duty #2) Presenter(s): (b)(6) MD, MPH (Sigma)
	<u>Content:</u> Overview of what legislation requires; presentation of VA's current survey tools, level-setting on potential complexity regarding timeline and surveying non-VA facility users; followed by presentation of possible options for Commissioners to pursue; followed by discussion and plan for moving forward with conducting the patient-centered survey; end with DFO/Chair-led conversation about decision on how to proceed in fulfilling the survey requirement.

COVER COMMISSION

12:00-1:00PM	Lunch
Closed Meeting (Pan American Room)	
1:00-2:00PM	Remind Commissioners this meeting is called to order; Reflections on overview of each section of legislation, including what was shared from SMEs (Jake Leinenkugel with Commissioners)
2:00-3:00PM	Functioning of the Committee: (Jake Leinenkugel and (b)(6) (b)(6)) <ul style="list-style-type: none">• Establish ground rules for Commission• Establish protocol for decision making• Ad-hoc Subcommittees in lieu of Quorum• Establish meeting cadence and meeting location(s) put the page in the binder for discussion)• Establish Commission structure• Contract support ground rules
3:00-3:15PM	Break
3:15-4:00PM	Functioning of the Committee (continued) (Jake Leinenkugel)
4:00-4:30PM	Discuss deliverables and review action items (b)(6) (b)(6)
4:30-5:00PM	Make Commission decisions and decides on next steps (Jake Leinenkugel)
5:00PM	Adjourn initial COVER Commission meeting (Jake Leinenkugel)

From: Leinenkugel, Jake
Sent: 20 Jul 2018 03:42:24 +0000
To: (b)(6) (b)(6) B.
Subject: RE: August meeting

Perfect. That is 9:00am WI. Call my personal cell (b)(6) when you are available.

Sent with Good (www.good.com)

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 4:50:17 PM
To: Leinenkugel, Jake
Subject: RE: August meeting

Sorry 1000 EST is that 0800 your time? Is that too early? I have to pick up equipment from 810 Vermont at 0900 EST (contractors can't sign for it) let me know if afternoon works better for you – I do keep forgetting the 2 hour difference.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: Thursday, July 19, 2018 7:09 PM
To: (b)(6) (b)(6) B.
Subject: RE: August meeting

10:00am CDT?

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 5:59 PM
To: Leinenkugel, Jake
Subject: RE: August meeting

Ok let's do 10am and then maybe finish up in the afternoon when you are free again.

Thank you

Vr/ (b)(6)

(b)(6) B. (b)(6)

Designated Federal Officer
COVER Commission

(b)(6)

(b)(6)

From: Leinenkugel, Jake
Sent: Thursday, July 19, 2018 5:58 PM
To: (b)(6) (b)(6) B.
Subject: RE: August meeting

I will be available afternoon as well. Give me an approximate time tomorrow morning.

Sent with Good (www.good.com)

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 2:42:38 PM
To: Leinenkugel, Jake
Subject: RE: August meeting

Let me see if we can pull it together for 1000am tomorrow if that is ok and at least go over as much as we can at that time.

Oh great he calls often for quick chats so I think he is looking forward to it too.

Thank you

Vr/ (b)(6)

(b)(6) B. (b)(6)

Designated Federal Officer
COVER Commission

(b)(6)

(b)(6)

From: Leinenkugel, Jake
Sent: Thursday, July 19, 2018 5:39 PM
To: (b)(6) (b)(6) B.
Subject: RE: August meeting

I will be arriving BWI around that time on Monday and then train to D.C. Will sometime tomorrow early/mid- morning work for you? I have VA/DOD WH Suicide Initiative meeting from 11:00am – noon. Spoke with (b)(6) ...he's pumped for the Commission! The presentations look solid.

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 5:31 PM
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Cc: (b)(6) (b)(6) D.; (b)(6) (b)(6) B.
Subject: August meeting

Jake - So far 7 confirmed brief/panel members have agreed to August – waiting on 3 more 2 of which I am pretty certain Wendy and Lu and a recent add Friedhelm Sandbrink (National Pain). We pushed the Letter to VIEWS and are also pulling the conference packet together.

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Can we schedule time Monday (maybe 2pm) to talk about the items on Day 2 during the closed session. We are putting together some talking slides to address each of them. It will be a discussion but we will need a couple of decisions/agreements to come out of it.

Was Jack Rose able to reach you he called and I gave him your work cell.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: 19 Jul 2018 23:08:33 +0000
To: (b)(6) (b)(6) B.
Subject: RE: August meeting

10:00am CDT?

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 5:59 PM
To: Leinenkugel, Jake
Subject: RE: August meeting

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Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
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Vr/ (b)(6)
(b)(6) B. (b)(6)

Designated Federal Officer
COVER Commission

(b)(6)
(b)(6)

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Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)

Designated Federal Officer
COVER Commission

(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: 19 Jul 2018 21:57:36 +0000
To: (b)(6) (b)(6) B.
Subject: RE: August meeting

I will be available afternoon as well. Give me an approximate time tomorrow morning.

Sent with Good (www.good.com)

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 2:42:38 PM
To: Leinenkugel, Jake
Subject: RE: August meeting

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Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
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Sent: Thursday, July 19, 2018 5:31 PM
To: Leinenkugel, Jake

Cc: (b)(6) (b)(6) D.; (b)(6) (b)(6) B.

Subject: August meeting

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Was (b)(6) able to reach you he called and I gave him your work cell.

Thank you

Vr/ (b)(6)

(b)(6) B. (b)(6)

Designated Federal Officer

COVER Commission

(b)(6)

(b)(6)

From: Leinenkugel, Jake
Sent: 19 Jul 2018 21:38:50 +0000
To: (b)(6) (b)(6) B.
Subject: RE: August meeting

I will be arriving BWI around that time on Monday and then train to D.C. Will sometime tomorrow early/mid- morning work for you? I have VA/DOD WH Suicide Initiative meeting from 11:00am – noon. Spoke with (b)(6) ...he's pumped for the Commission! The presentations look solid.

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Sent: Thursday, July 19, 2018 5:31 PM
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Cc: (b)(6) (b)(6) D.; (b)(6) (b)(6) B.
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Was (b)(6) able to reach you he called and I gave him your work cell.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: 19 Jul 2018 19:13:39 +0000
To: (b)(6) (b)(6) B.
Subject: RE: Initial ChooseVA stats

As goofy Ross Perot said 25-30 years ago.....no need to create new programs as someone already thought about it, proposed it, or created it and they are hidden away in their agency or government storage facility.

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 3:10 PM
To: Leinenkugel, Jake
Subject: RE: Initial ChooseVA stats

Jake – I can contact her. I also passed the system and capability to (b)(6) team as they are researching and talking to holders of survey data inside VA (and there are a lot). Seems every time we open a door to a source 3 more sources come out of it. This would be well placed in August as (b)(6) will come back on data from the ongoing collections and they will have had an opportunity to talk by then.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: Thursday, July 19, 2018 3:06 PM
To: Davis, Lynda; Wagner, John (Wolf); Hayes-Byrd, Jacquelyn; Syrek, Christopher D. (Chris)
Cc: Ullyot, John; Hutton, James; Cashour, Curtis; (b)(6) (b)(6) D.; Tucker, Brooks; Sandoval, Camilo J.; Lawrence, Paul R., VBAVACO; Connell, Lawrence B.; Reeves, Randy (b)(6); Nicholas, Kirk; Mason, Cheryl; Rychalski, Jon J.; Haverstock, Cathy; Byrne, Jim (OGC); Verschoor, Thayer; (b)(6)
(b)(6) (b)(6) (b)(6) B.
Subject: RE: Initial ChooseVA stats

Outstanding. I believe it would be very beneficial to have you present topline overview to Commission in August. We have outstanding agenda's pulled together by (b)(6) Can I have her contact you about availability?

From: Davis, Lynda
Sent: Thursday, July 19, 2018 1:31 PM
To: Leinenkugel, Jake; Wagner, John (Wolf); Hayes-Byrd, Jacquelyn; Syrek, Christopher D. (Chris)
Cc: Ullyot, John; Hutton, James; Cashour, Curtis; (b)(6) (b)(6) D.; Tucker, Brooks; Sandoval, Camilo J.; Lawrence, Paul R., VBAVACO; Connell, Lawrence B.; Reeves, Randy; (b)(6) Nicholas, Kirk; Mason, Cheryl; Rychalski, Jon J.; Haverstock, Cathy; Byrne, Jim (OGC); Verschoor, Thayer (b)(6)

(b)(6) (b)(6) (b)(6) B.
Subject: RE: Initial ChooseVA stats

Jake,

Thanks for asking.

1. Yes, Veterans can comment about their VAMC/CBOC Mental Health care experience. Since June 2017 to present, 4,739 patients have in fact submitted comments voluntarily through our Medallia powered "Veterans Signals" Outpatient Services Surveys about their mental health experience.

2. We do have the capability now in "Veterans Signals" (using its search engine) to extract Veteran comments that are related to their experience with their private care - whether through CHOICE or not.

This latter survey capability for comparison will only expand. Lynda

Lynda C. Davis, Ph.D.
Chief Veterans Experience Officer
Department of Veterans Affairs

Sent with Good (www.good.com)

From: Leinenkugel, Jake
Sent: Thursday, July 19, 2018 7:35:57 AM
To: Davis, Lynda; Wagner, John (Wolf); Hayes-Byrd, Jacquelyn; Syrek, Christopher D. (Chris)
Cc: Ullyot, John; Hutton, James; Cashour, Curtis; (b)(6) (b)(6) D.; Tucker, Brooks; Sandoval, Camilo J.; Lawrence, Paul R., VBAVACO; Connell, Lawrence B.; Reeves, Randy; (b)(6); Nicholas, Kirk; Mason, Cheryl; Rychalski, Jon J.; Haverstock, Cathy; Byrne, Jim (OGC); Verschoor, Thayer; (b)(6)
(b)(6) (b)(6) (b)(6) B.
Subject: RE: Initial ChooseVA stats

Lynda: Does (b)(6) allow VA to query every Veteran patient about their VAMC/CBOC Mental Health care experience? Is there any capability to access veteran ecosystem through Medallia queries for those veterans who currently have private care?

From: Davis, Lynda
Sent: Thursday, July 19, 2018 8:46 AM
To: Wagner, John (Wolf); Hayes-Byrd, Jacquelyn; Syrek, Christopher D. (Chris)
Cc: Ullyot, John; Hutton, James; Cashour, Curtis; (b)(6) (b)(6) D.; Tucker, Brooks; Sandoval, Camilo J.; Lawrence, Paul R., VBAVACO; Connell, Lawrence B.; Reeves, Randy (b)(6); Leinenkugel, Jake; Nicholas, Kirk; Mason, Cheryl; Rychalski, Jon J.; Haverstock, Cathy; Byrne, Jim (OGC); Verschoor, Thayer; (b)(6)
Subject: RE: Initial ChooseVA stats

Great effort Wolf!

FYI - We are also re-branding our Veteran Experience reference to Medallia to refer to our overall use of "multiple-channels" (Hotline, surveys, chat, web, etc) to LISTEN to the voice of the Veteran.

The new term is Veterans Signals and this reference and logo are being designed to complement the Choose VA theme and logo you are using.

We will also be referencing the Secretary-nominees quote of "walking the post" as part of our LISTENING to the voice of the Veteran, Family, Caregiver and Survivors.

This is all part of our VA customer service (CX) initiative to ensure the Veteran Experience is efficient, effective, emotionally connected and thus generates the Trust that supports Veterans decision to Choose VA.

Again thanks for your leadership. Lynda

Lynda C. Davis, Ph.D.
Chief Veterans Experience Officer
Department of Veterans Affairs

Sent with Good (www.good.com)

From: Wagner, John (Wolf)
Sent: Thursday, July 19, 2018 4:58:25 AM
To: Hayes-Byrd, Jacquelyn; Syrek, Christopher D. (Chris)
Cc: Ulliyot, John; Hutton, James; Cashour, Curtis; (b)(6) (b)(6) D.; Tucker, Brooks; Sandoval, Camilo J.; Lawrence, Paul R., VBAVACO; Connell, Lawrence B.; Reeves, Randy; (b)(6) Leinenkugel, Jake; Nicholas, Kirk; Mason, Cheryl; Rychalski, Jon J.; Haverstock, Cathy; Davis, Lynda; Byrne, Jim (OGC); Verschoor, Thayer; (b)(6)
Subject: Initial ChooseVA stats

Team-

The first 10 days of the campaign have passed, and I wanted to give a quick update on the performance of the 're-branding' occurring on social media as we enter the next phase.

Beginning on Sept 6, Atlas and Burson-Marsteller began placing ChooseVA material across Facebook/Instagram and Twitter, to allow us to launch the logo

and videos that were produced last fall just prior to the Senior Leadership meeting. To date, the campaign has generated the following:

- Impressions: 1,364,134 (combined)
- Link Clicks: 2,364, CTR (click through rate .17%)
- Completed Video Views: 92,402 (FB completion rate 12.34%; Twitter 1,567 clicks/.23% CTR)

Twitter has so far performed a bit above expectation, so we will continue upgrading the amount of impressions we push for on that platform. FB has been performing about average. We have only been running a :30 sec video highlighting a young Veteran's family who purchased a home using the VA Home Loan; our target audience is a mix of 22-44 yr. old Veterans. We're expanding the videos starting this week to include some of the other versions. Also, I've attached the spreadsheet for those who would like to see a bit more detail.

The good news is the pricing of the impressions has only cost us \$9k, which is extremely efficient.

We begin placing the majority of the digital material on August 1, which will run thru the end of November. The 41 new videos begin placing in September as we complete production over the next several weeks at the 6 selected foundational sites.

Thanks to everyone for the help in launching this- it's an important effort as we move to better serve Veterans and drive efficiency into the Department and work to inform Veterans how the VA can serve them. We have a LOT more to do in the upcoming months!

Thanks!

John 'Wolf' Wagner
Principal Deputy Assistant Secretary
Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
O: 202-461-7500
john.wolf.wagner@va.gov



From: Leinenkugel, Jake
Sent: 19 Jul 2018 15:36:10 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] Mental Health and S/F

Normandy is absolutely the best....truly a humbling experience and emotional. Berlin is very interesting. If you get the opportunity please visit Poland....Krakow, Gdansk, and of course Warsaw. It's the new Czech Republic as far as economic boom, great sights, food, beer, etc. Unbelievably inexpensive at this point.

From: (b)(6) [mailto:(b)(6)@gmail.com]
Sent: Thursday, July 19, 2018 11:29 AM
To: Leinenkugel, Jake
Subject: Re: [EXTERNAL] Mental Health and S/F

Out of the swamp and free at last!

I was in Paris and Berlin for school and amongst other things was able to watch the French semifinal in Paris---easily the craziest sporting atmosphere I have ever been apart of. Also went to Stone Brewery in Berlin which was interesting to see how an American firm does business in Europe.

Heading back on Wednesday to Amsterdam for the weekend with my best Marine friend and then we are going to retrace Op. Market Garden, hit up Paris for a day or two, and see Normandy. Might throw in London at the end as well.

I am always open to recommendations from a seasoned veteran!

Cheers and S/F,

(b)(6)

On Thu, Jul 19, 2018 at 11:23 AM, Leinenkugel, Jake (b)(6) wrote:
Only if you want to come to Northwoods of Wisconsin! Weather is great and so is boating, fishing is so-so, golf is fantastic. Headed back for first COVER Commission next week and also will be heading the USH Commission in 2-3 weeks, we have 14 very strong candidates....don't know why we didn't have earlier but think many were blocked. Where you been in Europe, Peg and I have travelled extensively to both Eastern and Western Europe past 10 years.

From: (b)(6) [mailto:(b)(6)@gmail.com]
Sent: Thursday, July 19, 2018 10:55 AM
To: Leinenkugel, Jake
Subject: [EXTERNAL] Mental Health and S/F

Hi Jake,

It's been a minute and I wanted to see if you are still at VA and/or if you had moved to work on the mental health project we discussed?

I have been travelling pretty extensively and am headed back to Europe Wednesday, but would love to catch up and buy you a cup of coffee should your busy schedule permit.

Hope all is well and keep attacking.

Cheers,

(b)(6)



From: Leinenkugel, Jake
Sent: 19 Jul 2018 15:32:36 +0000
To: (b)(6) (b)(6) B.
Subject: RE: ALT DFO Training

Please send their bios.

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 11:32 AM
To: Leinenkugel, Jake
Cc: (b)(6) (b)(6) D.
Subject: FW: ALT DFO Training

Two of our noms from (b)(6) are qualified as of today for ADFO. (b)(6) will be at the July meeting.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Moragne, Jeffrey
Sent: Thursday, July 19, 2018 11:19 AM
To: Small, LaTonya L.
Cc: (b)(6) (b)(6) B.; (b)(6)
Subject: ALT DFO Training

Hi (b)(6)

The Alternate DFO training session went well today...consider (b)(6) and (b)(6) DFO qualified.

Also, please email (b)(6) and (b)(6) the latest DFO Contact sheet and Committee Objectives listing.

Thank you.

Respectfully,
Jeff Moragne
Director, ACMO
Department of Veterans Affairs
202-266-4660

From: Leinenkugel, Jake
Sent: 19 Jul 2018 15:31:40 +0000
To: (b)(6) (b)(6) B.
Subject: RE: COVER Commission

You've done a fantastic job with both July/August meetings. All key subjects and SME's on agendas.

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 11:28 AM
To: Leinenkugel, Jake
Subject: RE: COVER Commission

I hope they all do.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: Thursday, July 19, 2018 11:20 AM
To: (b)(6) (b)(6) B.
Subject: RE: COVER Commission

Thanks much. This will create some interesting dialogue!

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 9:31 AM
To: Leinenkugel, Jake
Subject: FW: COVER Commission

Jake - (b)(6) briefing.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: (b)(6) [VACO)
Sent: Thursday, July 19, 2018 9:29 AM
To: (b)(6) (b)(6) B.
Cc: (b)(6) (b)(6) (FAV); (b)(6) @sigma-hc.com
Subject: RE: COVER Commission

Good morning (b)(6)

Just received approval by 10E for the attached slides.

Thank you.

Eric

(b)(6) **FNP-BC**
Director, Evidence Based Practice Program (10E2B)
Office of Quality, Safety & Value (10E2)
Department of Veterans Affairs
Veterans Health Administration – Virtual
4100 E. Mississippi Ave.
Glendale, CO 80246
Office: (b)(6)
Fax: (303) 639-4001
E-mail: (b)(6) @va.gov
Internet: <http://www.healthquality.va.gov/>
Intranet: <http://vaww.oqsv.med.va.gov/>

"Veteran First and Always"

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From: (b)(6) (b)(6) B.
Sent: Wednesday, July 18, 2018 7:54 PM
To: (b)(6) (b)(6) B. (b)(6)
Cc: (b)(6) (b)(6) (FAV) (b)(6) (b)(6) @sigma-hc.com
(b)(6) @sigma-hc.com>
Subject: COVER Commission

Good evening – Just a friendly reminder if you are receiving this email that I have not received your briefing. Please have that to us by the end of day July 19, 2018. The binders for the commissioners are

being assembled on July 20, 2018 and briefings need to be inserted at that time. Additionally, we need to format for the wide screen view at the Capital Hilton.

Thank you

Vr/ (b)(6)

(b)(6) B. (b)(6)

Designated Federal Officer

COVER Commission

(b)(6)

(b)(6)

From: Leinenkugel, Jake
Sent: 19 Jul 2018 15:30:10 +0000
To: (b)(6) (b)(6) B.
Subject: RE: 19 July Veterans Affairs Media Summary and News Clips

I like.

From: (b)(6) (b)(6) B.
Sent: Thursday, July 19, 2018 11:27 AM
To: Leinenkugel, Jake; (b)(6) (b)(6) D.
Cc: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn; Jake Leinenkugel
Subject: RE: 19 July Veterans Affairs Media Summary and News Clips

Jake – this is a good article on Tomah. I can send it out to the commissioners this week and can also add to the desk side binder with the presentations in them.

(b)(6) also gave me the name (b)(6) who is National lead for Pain to add to the panel discussion in August.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Leinenkugel, Jake
Sent: Thursday, July 19, 2018 10:21 AM
To: (b)(6) (b)(6) B.; (b)(6) (b)(6) D.
Cc: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn; Jake Leinenkugel
Subject: FW: 19 July Veterans Affairs Media Summary and News Clips

Please read Clip 5.6 about the Tomah VA. It is very insightful in many aspects as to Mental Health Care and perceptions within VAMC's. It is well written, factual with no editorialization. I think it is very pertinent for Commissioners to read prior to next week. Let me know what you think.

V/R,

Jake

From: VA Media Analysis [mailto:VAMediaAnalysis@barbaricum.com]
Sent: Thursday, July 19, 2018 5:16 AM
To: Barbaricum VA Media Analysis
Subject: [EXTERNAL] 19 July Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

.....
BARBARICUM

From: Leinenkugel, Jake
Sent: 19 Jul 2018 14:20:46 +0000
To: [REDACTED] [REDACTED] [REDACTED] D.
Cc: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn; Jake Leinenkugel
Subject: FW: 19 July Veterans Affairs Media Summary and News Clips
Attachments: 180719_Veterans Affairs Media Summary and News Clips.docx,
180719_Veterans Affairs Media Summary and News Clips.pdf

Please read Clip 5.6 about the Tomah VA. It is very insightful in many aspects as to Mental Health Care and perceptions within VAMC's. It is well written, factual with no editorialization. I think it is very pertinent for Commissioners to read prior to next week. Let me know what you think.

V/R,

Jake

From: VA Media Analysis [mailto:VAMediaAnalysis@barbaricum.com]
Sent: Thursday, July 19, 2018 5:16 AM
To: Barbaricum VA Media Analysis
Subject: [EXTERNAL] 19 July Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

.....
BARBARICUM



Veterans Affairs Media Summary and News Clips

19 July 2018

1. [Top Stories](#)

1.1 - Washington Post: [Trump loyalists at VA shuffling, purging employees before new secretary takes over](#) (18 July, Lisa Rein, 43.9M uvm; Washington, DC)

Ahead of Robert Wilkie's likely confirmation to lead the Department of Veterans Affairs, Trump loyalists at the agency are taking aggressive steps to purge or reassign staff members perceived to be disloyal to President Trump and his agenda for veterans, according to multiple people familiar with the moves.

[Hyperlink to Above](#)

1.2 - FOX News (Video): [Burn pit veterans share their stories of struggle after falling ill](#)

(18 July, Perry Chiaramonte, 32.5M uvm; New York, NY)

Scores of U.S. military veterans put their lives in certain danger countless times in places like Iraq and Afghanistan. They were on the frontlines of battle, but their struggle didn't end when they returned home. Tens of thousands of veterans believe their health has been compromised by the polluting smoke expelled from burn pits on their bases. In these pits, all manner of trash, medical waste, and industrial chemicals were set ablaze for disposal.

[Hyperlink to Above](#)

1.3 - New York Times: [Critics of Trump's Veterans Affairs Dept. Raise Concerns About Departures](#) (19 July, Jacey Fortin, 30M uvm; New York, NY)

Amid high-level turnover at the United States Department of Veterans Affairs, Trump administration critics are expressing alarm over whether politics is playing a role in the recent wave of removals, reassignments and retirements. The department is currently run by Acting Secretary Peter O'Rourke and has been without a Senate-confirmed leader for months. Robert Wilkie, a former acting secretary who also served as the under secretary of defense for personnel and readiness...

[Hyperlink to Above](#)

1.4 - CNN: [Washington Post: Trump loyalists reassigned, remove VA employees](#) (18 July, Juana Summers, 29.8M uvm; Atlanta, GA)

Staffers at the Department of Veterans Affairs loyal to President Donald Trump have reassigned or removed staffers perceived as disloyal to the President and his agenda for veterans, people familiar with the actions told The Washington Post. The Post reported that the transfers include more than a dozen career civil servants in leadership positions at the VA's headquarters, who were given lower-visibility roles. The staffers say they were given no reasons for the changes, according to The Washington Post.

[Hyperlink to Above](#)

1.5 - Military Times: [Report: VA paid for thousands of unneeded medical exams for disabled veterans](#) (18 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials are on track to waste more than \$100 million over the next five years on tens of thousands of unnecessary medical exams for disabled veterans, according a report out this week from the department's watchdog. The VA Inspector General's findings are based

off a sampling of re-examination cases last year that indicated department officials may have requested unneeded medical check-ups in 37 percent of benefits cases.

[Hyperlink to Above](#)

1.6 - Stars and Stripes: [Delayed 'Forever' GI Bill is poised for August launch](#) (18 July,

Caludia Grisales, 1.5M uvm; Washington, DC)

A major expansion of veterans' education benefits — a protracted process beset by communication and information technology challenges — is finally on track to launch next month, Department of Veterans Affairs officials testified Wednesday before a House committee panel. Last year, the VA said it would hire 200 temporary workers and shell out \$70 million to implement the "Forever" GI bill, which contains 34 changes to veterans' education benefits and boosts spending by \$3 billion for 10 years.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KIVI (ABC-6, Video): [New cath lab for Idaho veterans opens](#) (18 July, Jessica Taylor, 156k uvm; Nampa, ID)

Veterans in Idaho with heart concerns are getting access to a new facility designed to serve their needs closer to home. The new cardiac cath lab at the VA Medical Center in Boise expects to treat more than 400 veterans in Idaho every year.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - Talking Points Memo: [Report: VA Purging, Reassigning Career Employees](#)

[Suspected Of Disloyalty](#) (18 July, Alice Ollstein, 11.8M uvm; New York, NY)

The Department of Veterans Affairs is carrying out politically motivated reassignments of career staffers ahead of the confirmation of Trump-appointed Secretary Robert Wilkie, the Washington Post reported Wednesday, demoting more than a dozen long-serving officials because of their perceived political loyalties. The reassigned workers said they were not given a reason for the move, and others at the department told the Post that they fear the troubled agency will lose institutional knowledge.

[Hyperlink to Above](#)

4.2 - Vox: [Trump loyalists may be purging career officials at the VA, Some of the employees supporting the VA secretary have more than 20 years of experience.](#) (18 July,

Alex Ward, 10.6M uvm; Washington, DC)

More than a dozen employees in high-level positions at the Department of Veterans Affairs have recently been reassigned to lower-level positions — and a new report says it's part of a purge by President Donald Trump's loyalists. According to the Washington Post, acting VA Secretary Peter O'Rourke and a small team of Trump political appointees are reshuffling staffers they

perceive to be disloyal to Trump and his agenda for the VA, which is responsible for providing health care and other federal benefits to US military veterans.

[Hyperlink to Above](#)

4.3 - Washington Examiner: [VA cleaning house of Trump haters: Report](#) (18 July, Diana Stancy Correll, 4.8M uvm; Washington, DC)
Trump allies at the Department of Veterans Affairs have begun an effort to oust or transfer officials at the agency who appear to be disloyal to President Trump, according to a new report. The reassignment effort is being spearheaded by several political appointees under acting Secretary Peter O'Rourke, and includes reorganization of more than 12 civil servants from the leadership suite at VA to lower-profile positions, the Washington Post reports.

[Hyperlink to Above](#)

4.4 - Kansas City Star: [Kansas doctor loses license for sexual relationship with patient who overdosed](#) (18 July, Andy Marso, 4.8M uvm; Kansas City, MO)
The Kansas medical board has revoked the license of an Emporia doctor for having a sexual relationship with a vulnerable patient who tried to commit suicide using pills he prescribed her. The doctor, Chester W. Stone, remains licensed to practice in Missouri and previously worked at the Kansas City VA Medical Center.

[Hyperlink to Above](#)

4.5 - Fayetteville Observer: [New Fayetteville VA Medical Center director attends first local town hall](#) (18 July, Rachael Riley, 439k uvm; Fayetteville, NC)
Area veterans and residents attended the first town hall meeting under new leadership Wednesday night at the Fayetteville Veterans Affairs Medical Center. James Laterza, who retired from the Army last summer, was appointed as the center's director in March. During the quarterly town hall, Laterza highlighted goals for the Fayetteville-area VA, areas that have shown improvement and areas that need improvement.

[Hyperlink to Above](#)

4.6 - New American: [VA Whistleblowers Claim Harassment and Retaliation](#) (18 July, Raven Clabough, 339k uvm; Appleton, WI)
Two whistleblowers are claiming that they were virtually run out of a Veterans Affairs hospital in Jennings, Louisiana, after they reported widespread corruption, the Daily Caller reports. The VA dominated the news cycle years ago after reports that a Phoenix facility had been altering its scheduling books and that at least 40 veterans...

[Hyperlink to Above](#)

4.7 - Healthcare DIVE: [Veterans Health Administration shifts leadership](#) (18 July, Tony Abraham, 157k uvm; Washington, DC)
Peter O'Rourke, who's sitting in as acting VA secretary while the Senate works to confirm Wilkie's nomination, signaled to reporters during the Stone announcement that decisions will soon be made on leadership positions within VA. Stone is reported to be on the list of candidates being considered to lead VHA as undersecretary for health. In the time since the position has been vacant, Shulkin has been fired...

[Hyperlink to Above](#)

4.8 - KMA (W1-960): [Shen CBOC process outlined at V-A town hall](#) (19 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Plans for a new Community Based Outpatient Clinic were among the many topics discussed at a special meeting in Shenandoah Wednesday night. Veterans from all over KMAland packed the Shenandoah Elks Lodge for a veterans town hall meeting sponsored by the Veterans Administration's Nebraska-Western Iowa Health System. Julie Rickert, associate director of operations for the V-A's Omaha office...

[Hyperlink to Above](#)

4.9 - Register-Herald: [VA Medical Center looking for volunteers Yost encourages people to get involved for the rewarding feeling of helping those in need](#) (18 July, Rebecca Rhudy, 77k uvm; Beckley, WV)

The Beckley Veterans' Administration (VA) Medical Center is looking for new volunteers. Cheryl Yost, chief of voluntary service, said volunteers play a vital role in the VA team, and that it is not only special for those they are serving but also a rewarding experience for the volunteers.

[Hyperlink to Above](#)

4.10 - FEDweek: [Split Remains on Special VA Disciplinary Policies](#) (18 July, 51k uvm; Glen Allen, VA)

A year after enactment of a law revamping disciplinary policies at the VA there was consensus at a House hearing that the department has been taking more disciplinary actions since the law's enactment, but not on whether the law has been a success. VA statistics show that the rate of major discipline – including firings, demotions and suspensions of 14 days or more – has nearly doubled.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - Healio: [Study: Short supply of centers impacts transplant rates for veterans](#) (18 July, Mark E. Neumann, 581k uvm; Thorofare, NJ)

"After successful listing, [Veterans Administration] VA kidney transplant candidates appear to have persistent barriers to transplant," wrote Joshua J. Augustine, MD, and colleagues from the Cleveland Clinic, Case Western University School of Medicine, the Louis Stokes Veterans Administration Hospital and the Populations Health Research in Cleveland. "Further contemporary analyses are needed to account for variables that contribute to such differential transplant rates."

[Hyperlink to Above](#)

5.2 - Healio: [Veterans Health Administration dialysis providers linked with lower mortality rates, increased hospitalization rates](#) (18 July, 581k uvm; Thorofare, NJ)

Veterans who initiated dialysis with a Veterans Health Administration dialysis provider appeared to have lower mortality rates, but experienced increased hospitalization rates compared to veterans who initiated dialysis at non-Veteran Health Administration facilities, according to research appearing in the Clinical Journal of the American Society of Nephrology.

[Hyperlink to Above](#)

5.3 - WVEC (ABC-13, Video): [Veterans Affairs nursing homes with low ratings in Hampton Roads, Documents from our partners at USA TODAY show patients in more than two-thirds of VA nursing homes were more likely to have bed sores and pain, compared to private nursing homes.](#) (18 July, Megan Shinn, 607k uvm; Norfolk, VA)

For the first time, the Veterans Affairs is making its annual nursing home ratings public. The House Veterans Affairs Committee is investigating 133 VA nursing homes. The investigation comes after the committee learned the VA gave almost half of its nursing homes the lowest possible score in internal rankings.

[Hyperlink to Above](#)

5.4 - Berkshire Eagle: [A Marine Corps vet's mission: Getting to bottom of VA care mishap](#) (18 July, Ben Garver, 191k uvm; Pittsfield, MA)

Bruce A. Deloye's return to a veterans hospital comes after a yearlong fight to get to the bottom of a bad experience he says he suffered during a dental cleaning last August — a matter that's now one element, however small, in an ongoing federal probe of the quality of care delivered to veterans like Deloye in Western Massachusetts.

[Hyperlink to Above](#)

5.5 - Greenville Sun: [Ahead Of Trial, Judge Upholds VA Policy](#) (18 July, Ken Little, 70k uvm; Greenville, TN)

Robert D. Rose Jr. implored a federal judge Tuesday to consider the plight of military veterans denied relief from chronic pain by the Department of Veterans Affairs as a result of recent VA policies drastically limiting the amount and type of opioid-based pain medications prescribed for treatment.

[Hyperlink to Above](#)

5.6 - The Cap Times (Video): [Rebuilding: Tomah VA Medical Center works to improve after opioid scandal](#) (18 July, Katelyn Ferral, 20k uvm; Madison, WI)

Nearly five years after the Tomah VA opioid scandal was outlined in a report published by the Center for Investigative Reporting, patients, veterans groups and federal officials say there has been a turnaround, pointing to data showing a decrease in opioid prescription rates. Where there was a previous culture of fear and retaliation, employee morale has also improved, they say.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Wall Street Journal: [Opinion - A GI Bill Wrong From the Pentagon, Benefit restrictions that kick in after 16 years of service.](#) (18 July, Maria Biery, 43.6M uvm; New York, NY)

Donald Trump promised in his victory speech that he would “finally take care of our great veterans.” He took a step in the right direction last year by signing the Forever GI Bill, which lifts the time limit on veterans’ educational benefits and makes it easier to transfer benefits to dependents. But the Defense Department took a step in the wrong direction last week...

[Hyperlink to Above](#)

7.2 - Military Times (Reboot Camp): [VA behind schedule on implementing GI Bill changes](#)
(18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

Some veterans using Post-9/11 GI Bill benefits to attend school this fall could get an inaccurate housing stipend early in the semester. That’s because the Veterans Affairs Department is behind schedule on implementing aspects of the Forever GI Bill, signed into law last year, that relate to how veterans’ housing stipends should be calculated.

[Hyperlink to Above](#)

7.3 - Military Times (Reboot Camp): [New GI Bill transfer restrictions: 7 things you need to know](#)
(18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

The Pentagon’s new rules on transferring GI Bill benefits to dependents, announced last week, have created a lot of concern and confusion among service members, veterans and military families. Will you still be able to transfer your benefits? What if your toddler won’t be old enough for college by the time you hit the new time-in-service limit? What effect will this have if you’ve already transferred your benefits?

[Hyperlink to Above](#)

7.4 - Los Angeles Daily News (City News Service): [LA soldier killed in World War II to be buried at Riverside National Cemetery](#)
(18 July, 886k uvm; Los Angeles, CA)

Funeral services will be held this week for a U.S. Army staff sergeant and Los Angeles native who was killed during World War II but whose remains were not identified until earlier this year. Staff Sgt. David Rosenkrantz, 28, was killed Sept. 28, 1944, while on a mission to disrupt German defensive lines in the Netherlands. His platoon was occupying a farm near the town of Groesbeek when they were overrun by the German infantry.

[Hyperlink to Above](#)

7.5 - Government Executive: [Expanded Job Training for Vets, GI Bill Changes and More](#)
(18 July, Erich Wagner, 870k uvm; Washington, DC)

The House Veterans’ Affairs Committee last week voted to advance several measures that would expand benefits for veteran military personnel and reservists. The Reserve Component Vocational Rehabilitation Parity Act (H.R. 5538), introduced by Rep. Scott Peters, D-Calif., would expand eligibility for vocational rehabilitation and employment programs to reservists called into active service under involuntary deployment orders to the site of a national emergency or for pre-planned combat support missions.

[Hyperlink to Above](#)

8. [Mr. Wilkie nomination for VA Secretary](#)

9. Other

9.1 - KYTV (NBC-3, Video): Patient arrested after making threats to VA Clinic in Mount Vernon, Mo. (18 July, Linda Russell, 818k uvm; Springfield, MO)

A man is in custody after police say he threatened workers at the Veterans Affairs Clinic in Mount Vernon, Mo. FBI agents arrested Richard Leslie Turner, 48, in the 200 block of East Kearney in Springfield Tuesday night without incident. He faces a charge of making a terroristic threat. A judge held him without bond.

[Hyperlink to Above](#)

[Back to Top](#)

 [Top Stories](#)

1.1 - Washington Post: [Trump loyalists at VA shuffling, purging employees before new secretary takes over](#) (18 July, Lisa Rein, 43.9M uvm; Washington, DC)

Ahead of Robert Wilkie's likely confirmation to lead the Department of Veterans Affairs, Trump loyalists at the agency are taking aggressive steps to purge or reassign staff members perceived to be disloyal to President Trump and his agenda for veterans, according to multiple people familiar with the moves.

The transfers include more than a dozen career civil servants who have been moved from the leadership suite at VA headquarters and reassigned to lower-visibility roles. The employees served agency leaders, some dating back more than two decades, in crucial support roles that help a new secretary.

None said they were given reasons for their reassignments.

The moves are being carried out by a small cadre of political appointees led by Acting Secretary Peter O'Rourke who have consolidated power in the four months since they helped oust Secretary David Shulkin.

The reshuffling marks a new stage in a long estrangement between civil servants and Trump loyalists at VA, where staff upheaval and sinking morale threatens to derail service to one of the president's key constituencies, according to current and former employees.

Among those reassigned is an experienced scheduler whom Wilkie told colleagues he wanted to work for him once he is confirmed by the Senate, according to former and current employees.

Other career senior executives with institutional knowledge of VA's troubled benefits operation also have been sidelined, some to other cities, according to multiple people who spoke on the condition of anonymity because of the issue's sensitivity. A high-ranking executive appointed during the Obama administration to a six-year term quit last week after clashing with Trump aides. Even some Trump appointees have been pushed out for challenging the leadership group.

VA officials say the reassignments will help their efforts to improve the agency's overall culture and performance. Still, it is highly unusual for a leader in an acting, caretaker role — which began for O'Rourke on May 30 — to make such significant changes before a permanent leader arrives.

"Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to Veterans," spokesman Curt Cashour said in an email. Wilkie, according to Cashour and a spokeswoman for the nominee, has had no hand in the changes as he awaits Senate confirmation.

Current and former employees — and now alarmed members of Congress — call the reshuffling a loyalty purge that is targeting the alleged political sympathies of civil servants whose jobs are, by definition, nonpartisan.

"These are people who served multiple administrations," said one employee who was moved, "but they only want them to serve the Trump administration. You can't run a department like that."

At a House hearing Tuesday, a visibly irritated Rep. Elizabeth Esty (D-Conn.) pressed O'Rourke to explain why he has "removed, demoted or reassigned" a "significant number of career employees."

O'Rourke called his actions "well-planned and designed moves" to improve "efficiency and effectiveness." He acknowledged that the changes were not the result of poor performance.

He said he is encouraging other VA leaders to follow suit.

Esty countered that she suspects "loyalty concerns" are behind the transfers.

"To be clearing out that many people during the time of an acting secretary is disturbing," she said. "You're going to lose institutional knowledge."

Presidential loyalty also has been a factor in staff changes at other agencies. The State Department sidelined or pushed out dozens of career diplomats who questioned the agency's diminished role in the Trump administration.

Interior Secretary Ryan Zinke reassigned dozens of senior executives in two shuffles. Critics said the mass transfers amounted to retaliation against career staff members who spoke out against his policies, and Zinke said publicly that he has "30 percent of the crew that's not loyal to the flag."

The VA moves come at an agency Trump has called a top priority. A bright spot early in the administration, VA in recent months has lost dozens of senior leaders who were pushed out or quit in alarm at the chaos in a long bipartisan corner of the government.

O'Rourke, a Trump campaign staff member who served as VA's chief of staff and led a new office designed to protect whistleblowers, was appointed acting secretary after Wilkie, who had served in the role after Shulkin's firing and the failed nomination of White House physician Ronny L. Jackson, won the nod for permanent secretary. Wilkie returned to his job as head of military personnel at the Defense Department to await confirmation.

"Any decisions made following Mr. Wilkie's departure as acting [secretary] were made by the current VA leadership and Mr. Wilkie was not aware, nor a part of those decisions," Wilkie spokeswoman Carla Gleason said in an email.

A Navy and Air Force veteran, O'Rourke has shown a willingness to exert power in his caretaker role. With his framed photograph now hanging in VA headquarters, he consults regularly with Trump political appointees, excluding career senior leaders from some meetings.

He quickly drew criticism from both parties on Capitol Hill for an ongoing dispute with VA's inspector general, who is seeking records for an investigation of the whistleblower office. The Senate intervened, voting unanimously in June to tell O'Rourke that he does not have the right to block the watchdog's efforts.

Mid-level employees who worked for years in VA's seat of power supporting secretaries and their deputies were called in by O'Rourke's staff, where they were informed of their departures, according to multiple employees.

One was told she needed to find another job in the agency but was not offered one.

Another, Debi Bevins, whose role as director of client relations ensures that emails and phone calls to the secretary's office receive responses, was moved to another department doing the same job — but she no longer has direct access to the secretary.

Tonia Bock, executive secretary to the agency, and her deputy, Jennifer Jessup, who had access to sensitive correspondence with Congress, also were moved.

A VA official said Bock's office "had struggled with tracking and responding to congressional inquiries accurately and in a timely fashion."

A well-regarded staff assistant hired during the Obama administration as a political appointee was fired. Some aides were reassigned from the office of Thomas Bowman, the agency's second-in-command, who was pushed to retire in June after falling from favor at the end of Shulkin's tenure.

The shake-up is now reaching another top Trump appointee, the assistant secretary for operations, security and preparedness, who refused to sign a resignation letter that O'Rourke's team gave him after clashing with them and is now negotiating his departure.

Don Loren, a retired Navy rear admiral, had questioned the group's management style. He also refused to suspend normal security protocol to allow O'Rourke's wife to bypass building security at VA headquarters, according to someone with knowledge of the matter. He denied a request to move up O'Rourke in the line of succession behind the deputy secretary, this person said. Cashour denied that these events took place.

He called Loren a "valuable member of our team" with "exemplary" job performance who is leaving because of changes to his current position, which is being downgraded to a director.

A senior VA official called Katherine Pham, the scheduler whom Wilkie liked, "a valued member of the VA team" who had sought a new position.

At the Veterans Benefits Administration, which has struggled for years to speed up its processing of disability claims, a new team of appointees in charge has transferred at least half a dozen senior career staff members to less prominent roles, some in other cities.

The culled leadership positions appear to be part of a restructuring designed to streamline the department, according to an internal memo obtained by disabledveterans.org.

The small Center for Women Veterans has been a flash point for loyalty questions. Director Kayla Williams quit last week to take another job after clashes with the Trump administration about making the agency's mission statement more gender neutral.

"As both a veteran and the spouse of a 100 percent disabled combat-wounded veteran, I was deeply committed to the VA mission of serving all veterans," Williams said.

However, a civil servant on her staff, Danielle Corazza, was fired after sending a tweet from the center's account that praised the large number of female veterans running for office this year. The tweet linked to an article showing that most are Democrats.

VA officials said Corazza sent multiple tweets from the account that tracked other campaign successes of female veterans who are Democrats.

The senior VA official said the Center for Women Veterans "was recently involved in repeated, clear and unequivocal violations of the Hatch Act" and as a result the agency "is implementing staffing changes" there.

Corazza said she never received training in the law, which prohibits federal employees from engaging in partisan political activity while on duty. "My training was to post about female veterans, which I did," she said.

Several high-level White House staff members also have been found in violation of the Hatch Act, although none appear to have been punished.

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1.2 - FOX News (Video): Burn pit veterans share their stories of struggle after falling ill
(18 July, Perry Chiaramonte, 32.5M uvm; New York, NY)

Scores of U.S. military veterans put their lives in certain danger countless times in places like Iraq and Afghanistan.

They were on the frontlines of battle, but their struggle didn't end when they returned home.

Tens of thousands of veterans believe their health has been compromised by the polluting smoke expelled from burn pits on their bases. In these pits, all manner of trash, medical waste, and industrial chemicals were set ablaze for disposal.

The burn pit method was originally a temporary measure during the wars in both Iraq and Afghanistan as a way to quickly dispose of waste and garbage on military installations. The vets claim their prolonged exposure to toxic air left tens of thousands of them, as well as private contractors, with a myriad of illnesses including various forms of cancer and severe respiratory issues. Many died after succumbing to their illness, but nearly all who fear they got sick from exposure to burn pits never received proper help from the country they went to war to defend.

A registry was created by the Veterans Administration in 2011, but signing it does not guarantee any form of assistance. Service members and their families concerned with the effects of burn pit exposure say that they struggle to keep up with the high cost of medical treatments. There are more than 140,000 names signed to the VA registry.

In the midst of continuing coverage by Fox News on burn pit exposure at military bases across Iraq and Afghanistan, scores of service members and their families have responded on social media with strong reaction after seeing reporting on the lack of help and assistance made available to them by the VA as well as the lack of prevention during the wars themselves.

Here are just a few of the stories of those coping with what has been called by some: "the new Agent Orange."

Jason Arnold was a Grenadier with the U.S. Army National Guard when he first went to Iraq in 2003 and while he was not stationed on a particular Forward Operating Base (FOB) he often spent time on many of them as he worked security details with private contractor convoys from Kuwait to Iraq.

It was during those missions that he was often exposed to the heavy smoke conditions of burn pits. He clearly remembers how it hung thick in the air.

"We would have shifts in the wind and that smoke would roll in," Arnold tells Fox News. "In the morning it was the worst."

The veteran had previous experience as a paramedic before he enlisted which led him to work as a medic while on his tour and says that at the time, he and other soldiers worried there was a danger behind the exposure to the heavy smoke.

But their concerns were never addressed while in the war zone.

"When we were there, no one was saying anything," he recalls. "If you suck in campfire smoke, you can damage your lungs. Imagine what happens when you burn all those hazardous materials."

One of the private contractors that his unit worked with, Kellogg, Brown, and Root (KBR) — formally known as Halliburton — has been accused in numerous lawsuits of using the controversial waste disposal method on bases they operated after safer methods, like incinerators, were suggested.

A statement from the contractor reads in part: "KBR has consistently stated, KBR operated burn pits at a very limited number of bases in Iraq and Afghanistan and KBR personnel operated safely and effectively at the direction and under the control of the U.S. military."

Arnold and his unit often assisted KBR workers with disposing of trash into burn pits.

Arnold often spent time working security details with private contractor convoys from Kuwait to Iraq. It was during those missions that he was often exposed to the heavy smoke conditions of burn pits. He clearly remembers how it hung thick in the air. (Jason Arnold)

Arnold returned home after his second tour in 2004 and says that it was not long after that he started seeing symptoms.

"I got back to the States and the next thing I knew, I was out of breath. I had trouble breathing," he says.

Arnold went to see numerous doctors who discovered that he had numerous respiratory ailments

"They all asked me if I was a smoker," he says. "I have COPD [chronic obstructive pulmonary disease] and I never smoked a day in my life. I have Sleep Apnea. Every year it gets worse and worse."

Arnold, like many vets in his position, signed up for the Veteran Administration's burn pit registry in the hopes that he would get assistance with medical coverage and treatment. Like many others, he did not.

"The VA has never rated any of us," the Veteran says. "They never point out the fact that we were exposed."

He adds that he's often bumped off the registry and has to resign. He also says that he receives nearly no compensation from the VA.

"I'm only allowed three inhalers every month," Arnold says, "but I need it non-stop. I carry them everywhere with me. If I run out, I have to wait for months because the VA is so backlogged."

Arnold says that he believes the VA system to be flawed and that we as a country owe it to every single veteran to provide better assistance.

"We all went in perfectly healthy and came back with breathing issues or worse," he says. "It wasn't our fault. We went and did our job."

"They use you, kill you and just throw you to the side."

Hank Burns was an E4 specialist for the U.S. Army when he began a 15-month deployment in Northern Iraq back in 2007. He served another 13 month tour and left active duty in August of 2011. He tells Fox News he noticed his breathing issues during that second tour of duty.

"I worked right next to those pits," Burns tells Fox News. "I noticed it while I was still there. I would be walking and you get short of breath all of a sudden. I would suddenly get dizzy."

"You can smell it every day that you are there. It's heavy. It smells toxic."

Burns says that his health issues continued long after he returned home.

"What I've noticed is that I still have a lot of breathing issues," he says. "I'll be sleeping and wake up. I'm fighting just to breathe."

"Even just walking, I'll get winded and have to stop. These are problems I never had before."

Burns said it was years before he knew that the VA's registry was available to veterans like him.

"I didn't even know it existed," he says. "I had to hear about it through another vet who stumbled across it."

"I shouldn't have to depend on another soldier that found it by accident."

Burns says he signed up for the registry but wasn't sure what to do after that.

"It's nothing more than a list," he says. "It's a starting and stopping point all at once. We come home and we are left to be thrown at the wolves."

The veteran also was troubled by recent reports on Fox News that bits are still being used near military bases in Iraq and Afghanistan.

"It's terrible," Burns says. "I could see if this was a new war, but we've been there for so many years that's there's no reason to still use these methods."

"It's a shame that we are having soldiers still exposed."

Many of the burn pits were shut down on U.S. bases in Iraq when former Air Force Sergeant Jeremy Kitzhaber arrived at Balad AFB in 2011, but he still felt the effects of the pollution caused by them.

"I was told when I got there that there was still a lot of contamination," Kitzhaber tells Fox News, who started feeling ill in 2013, nearly a year after retiring from the Air Force.

"I started experiencing strange symptoms," he says. "I had some weird, tender feelings in my abdomen."

Kitzhaber went to see his doctor and it was after a CT scan that he was immediately admitted to the Emergency Room when he was discovered to have a rare form of stage 4 appendix cancer.

"It had disintegrated," he says adding that the cancer had spread and numerous chemo treatments did nothing to cure him. He was diagnosed with Pseudomyxoma Peritonei (PMP), which covered his entire diaphragm, intestines, bladder, stomach, and rectum. His abdominal wall and liver were also affected.

"It all came down to Iraq," he says believing that the toxins released into the air from burn pits contaminated the ground and eventually made him sick.

"To be fair, I was exposed to numerous dust storms," he recalls. "I remember choking on the air. I would wake up and the sky would be orange."

"You could not escape the dust."

Kitzhaber filed a claim with the VA, but he says that it took 400 days, over one year to rule that his cancer was connected to his time in service.

"Originally, I put in a request and they denied it," he says. "It took me calling my state senator to get them to expedite my claim."

He, like many other vets in similar positions, believes that the Department of Defense needs to concede to what service members were exposed to in Iraq.

"The DoD needs to acknowledge that they unnecessarily exposed people to dangerous carcinogens," he says. "They say there's no direct cause because if they admit it, they'll have more claims against them and they won't be able to pay."

Also with the Air Force, Technical Sergeant David J. Robinson was first deployed to Iraq in 2003, but it wasn't until nearly a decade later when here turned to his home in Colorado Springs that he started to experience problems breathing.

"I thought I was having an immediate problem with the altitude," he says. "It was easy to blame it on something else because who wants to admit it's something serious?"

But soon after, Robinson started experiencing other symptoms. Once blood was found in his urine a few months later, his doctor ordered tests and it was discovered that he had a large mass in his abdomen.

"It was a roller coaster of learning what it was," he says of the cancer that had ravaged his body.

In 2015 Robinson underwent a more than 10 hour surgery. His appendix, bladder, and portions of his intestine were removed.

"They couldn't salvage anything," Robinson says.

During his service, Robinson had often assisted in disposing of waste in the burn pits of his base.

"Two to three times a week, we would load up pickup trucks," he recalls. "Anything and everything that had to be thrown away...it was all brought to burn pits."

"It was part of the mission. It was mostly about getting the job done. It was just the way it was."

Robinson says that many service members at the time, including himself, were not grasping the concept of the dangers behind the burning.

"You trusted your leadership to look after you."

Robinson finds the treatment of most veterans to be frustrating.

"It's almost like we are being brushed aside or swept under the carpet."

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1.3 - New York Times: [Critics of Trump's Veterans Affairs Dept. Raise Concerns About Departures](#) (19 July, Jacey Fortin, 30M uvm; New York, NY)

Amid high-level turnover at the United States Department of Veterans Affairs, Trump administration critics are expressing alarm over whether politics is playing a role in the recent wave of removals, reassignments and retirements.

The department is currently run by Acting Secretary Peter O'Rourke and has been without a Senate-confirmed leader for months. Robert Wilkie, a former acting secretary who also served as the under secretary of defense for personnel and readiness, has been nominated for the top job by President Trump. If confirmed, Mr. Wilkie would take over the second-largest department in the federal government, overseeing a 360,000-person work force.

But he would be without several longtime employees who have recently left the department. The Washington Post reported on Wednesday that several unnamed current and former employees had raised alarms over what appeared to be a purge or reassignment of more than a dozen officials who were not loyal to the Trump administration.

"It's been 112 days since the V.A. had a Senate-confirmed secretary in place, and many talented people have departed leadership positions within the V.A. over the past four months," Joe Plenzler, a spokesman for the American Legion, a veterans service organization, said in an email on Wednesday.

"The Veterans Health Administration alone has more than 33,000 job vacancies representing a staffing deficit of almost 10 percent of their overall work force," he added. "The American Legion has been sounding the alarm over this critical issue."

Representative Elizabeth Esty, a Democrat from Connecticut who serves on the House Committee on Veterans Affairs, raised concerns about the politicization of the department with Mr. O'Rourke during a hearing on Tuesday.

"During your tenure, our committee has been made aware of a significant number of career employees who have served under multiple secretaries," she said. "These employees have been removed, demoted or reassigned, or they've resigned or retired after being made aware of adverse actions coming their way."

In response, Mr. O'Rourke referred to a few people who had either retired or moved into a different position.

"We're not on a path to just move things randomly," he said. "These are all very well-planned and designed moves to better make efficiency and effectiveness at our level." He added that he had not communicated with Mr. Wilkie regarding these changes.

Officials at the Veterans Affairs Department have been working for years to update outdated computer systems and simplify its approach to private health care. But some say morale has suffered amid turmoil under the current administration; the agency is one of several dealing with vacancies and high staff turnover.

The last Senate-confirmed Veterans Affairs secretary, Dr. David J. Shulkin, had supporters from both parties during the early days of the Trump administration. But his reputation suffered after a scathing agency report in February about money the government had spent on a 10-day business trip he took to Europe with his wife. Mr. Trump fired Dr. Shulkin with a tweet in March and sought to replace him with his White House physician, Dr. Ronny L. Jackson.

That nomination fell through, and Mr. Wilkie took over as acting secretary. When his nomination was announced in May, Mr. Wilkie stepped aside to begin his confirmation process, and Mr. O'Rourke took the helm.

Right now, the department is working to revamp its health care system after President Trump last month signed a legislative overhaul bill to consolidate programs and make it easier for veterans to take their benefits to private doctors for care. Critics of the plan, including Democrats and some large veterans groups and moderate Republicans, say that it would be a boon to private medicine while starving the agency's budget.

Because of the major changes on the table at the Veterans Affairs Department, the high-level staff changes have been of particular concern.

In a phone interview on Wednesday, Ms. Esty said that in the past month, she had seen "three high-level career retirements of key positions" at the V.A., an unusual number considering the short time span — and the fact that the departures happened under an acting secretary who had not gone through the Senate confirmation process.

"That combination does raise concern," Ms. Esty said, since the department will be making important decisions on issues including health care privatization, disability appeals reform and an expansion of caregiver support for veterans.

"It is concerning not to have that institutional knowledge there," she said.

Curt Cashour, the agency's press secretary, said employees were "absolutely not" being moved for political reasons.

He said the V.A. had "made groundbreaking progress, particularly in the areas of accountability, transparency and efficiency across the department" during the Trump administration.

"This has understandably shaken up V.A.'s Washington bureaucracy," Mr. Cashour added, "and in many cases, employees who were wedded to the status quo and not on board with this administration's policies have departed V.A. — some willingly, some against their will as they were about to be fired."

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1.4 - CNN: [Washington Post: Trump loyalists reassign, remove VA employees](#) (18 July, Juana Summers, 29.8M uvm; Atlanta, GA)

Staffers at the Department of Veterans Affairs loyal to President Donald Trump have reassigned or removed staffers perceived as disloyal to the President and his agenda for veterans, people familiar with the actions told The Washington Post.

The Post reported that the transfers include more than a dozen career civil servants in leadership positions at the VA's headquarters, who were given lower-visibility roles. The staffers say they were given no reasons for the changes, according to The Washington Post. The Post said the moves have been conducted by political appointees led by the VA's acting secretary, Peter O'Rourke. They are the latest sign of fractures at the agency, which came to a head months ago when former Secretary David Shulkin was ousted. The VA continues to suffer from sinking morale and has been shedding senior staff for months.

The Washington Post first reported, and CNN confirmed with a source familiar with the situation, that at least a half-dozen senior career staffers at the Veterans Benefits Administration have been transferred to less influential roles, some in other cities. But the reassessments and removals go beyond that part of the sprawling agency, according to The Washington Post, and have taken place as the President's nominee to lead the VA, Robert Wilkie, awaits full Senate confirmation.

A Pentagon spokesperson told CNN that Wilkie, who remains in his job as the head of military personnel at the Defense Department as he awaits the Senate vote, was not aware of or involved with the decisions.

"Any decisions made following Mr. Wilkie's departure as Acting SecVA were made by the current VA leadership and Mr. Wilkie was not aware, nor a part of those decisions," Maj. Carla Gleason, a Pentagon spokesperson, told CNN. "It would be inappropriate for him to comment on this in his current role as USD."

The VA did not immediately respond to a CNN request for comment, but spokesman Curt Cashour told The Washington Post that "under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to Veterans." Cashour also told the Post that Wilkie had no hand in the changes.

O'Rourke was on Capitol Hill this week for a hearing about the VA's whistleblower protection office, which he used to lead, and was questioned by multiple members of Congress about the agency's staffing. In one exchange, Rep. Scott Peters, a California Democrat, asked O'Rourke "under what circumstances is disagreeing with the administration a fireable offense?"

Peters cited a VA news release issued in April in which the agency says that "under VA's new leadership, which is now firmly aligned with President Trump and his priorities, the department's operations have improved in many ways." The release goes on to say, "In a number of cases, employees who were wedded to the status quo and not on board with this administration's policies or pace of change have now departed VA."

O'Rourke told Peters that when any agency experiences an organizational shift, sometimes "folks realize, maybe on their own, that they don't want to be there."

"I think there's a few cases that we could look at of folks in senior positions where they advocated for a different approach and then the organization ... went in a different direction, and they felt like that wasn't a place they didn't want to be anymore," O'Rourke said.

In a separate exchange during the hearing, Rep. Elizabeth Esty, a Connecticut Democrat, asked O'Rourke to explain why he had "removed, demoted or reassigned" a large number of career employees.

O'Rourke told Esty the moves were well planned and designed to improve "efficiency and effectiveness." Esty countered she believed that "loyalty concerns" were the reason for the transfers.

CNN's Ryan Browne contributed to this report.

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1.5 - Military Times: [Report: VA paid for thousands of unneeded medical exams for disabled veterans](#) (18 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials are on track to waste more than \$100 million over the next five years on tens of thousands of unnecessary medical exams for disabled veterans, according a report out this week from the department's watchdog.

The VA Inspector General's findings are based off a sampling of re-examination cases last year that indicated department officials may have requested unneeded medical check-ups in 37 percent of benefits cases.

The exams are designed to see whether veterans' health has improved enough to warrant changes in their disability payouts. VA covers the cost of the exams, but the process can still be time-consuming and inconvenient for the veterans involved.

Investigators found that a sizable portion of cases that should be clearly exempt from those periodic checks — including ones where veterans have a permanent disability or where benefits changes are unlikely — were frequently ordered despite existing rules.

They blamed the problem on ratings officials skipping over pre-exam reviews of veterans cases which would have alerted them to reasons to change the standard medical report schedules.

"The review team estimated that (the Veterans Benefits Administration) spent \$10.1 million on unwarranted reexaminations during the six-month review period," the report stated. "VBA would waste \$100.6 million on unwarranted reexaminations over the next five years without instituting procedures to ensure employees only request necessary reexaminations."

The inspector general noted that the numerous excessive exams also put additional pressure on claims processors and VA physicians, by increasing their workload without proper justification.

VBA officials agreed with the bulk of the report and said they hope to implement new internal controls by this November to help address the problem. They are also planning more internal scrutiny of claims officials requesting the exams, to make sure they understand existing rules and processes.

The agency has also begun collecting data for recurring reports on how many unneeded exams are ordered, to get a better sense of the scope of the problem.

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1.6 - Stars and Stripes: [Delayed 'Forever' GI Bill is poised for August launch](#) (18 July, Caludia Grisales, 1.5M uvm; Washington, DC)

A major expansion of veterans' education benefits — a protracted process beset by communication and information technology challenges — is finally on track to launch next month, Department of Veterans Affairs officials testified Wednesday before a House committee panel.

Last year, the VA said it would hire 200 temporary workers and shell out \$70 million to implement the “Forever” GI bill, which contains 34 changes to veterans’ education benefits and boosts spending by \$3 billion for 10 years. Higher-than-anticipated costs has been one of a number of problems that the agency faced in the yearlong charge to implement the plan, which most recently had a July 16 target date that had to be postponed.

“This is a complex, heavy-lift effort,” retired Maj. Gen. Robert Worley II, director of VA education services, told the House Committee on Veterans’ Affairs subpanel on economic opportunity. “We made very good progress to date. We didn’t get to the (July 16) date we were hoping for, we need to slip that about a month and that’s where we are. We have a handful of defects left.”

Worley, who testified alongside a witness panel of VA officials, went to Capitol Hill on Wednesday to update lawmakers on implementation of the H.R. 3218, the Harry W. Colmery Veterans Educational Assistance Act. The effort, which was named for the author of the original GI Bill of Rights, increases payments to veterans with less than one year of active-duty service, restores benefits to veterans whose schools abruptly close, awards full GI Bill benefits to all Purple Heart recipients and increases aid for veterans pursuing science, technology, engineering and mathematics degrees, among other things.

It was dubbed the “Forever” GI Bill by supporters because it ends a 15-year limit on education benefits for veterans whose last discharge or release from active duty came on or after Jan. 1, 2013. Advocates have called it the most sweeping expansion of veterans education benefits in a decade.

“It is critical that we work to ensure that this bill is implemented in a way that is consistent with Congress’ intent and that veterans receive the benefits in a timely and consistent manner,” Rep. Jodey Arrington, R-Texas, chairman of the subcommittee on economic opportunity, said in opening remarks for Wednesday’s hearing.

The bill was signed into law Aug. 16, 2017, and most of its provisions go into effect Aug. 1. Of the 34 measures in the bill, 22 require “significant changes” to the VA’s IT systems. The agency determined costs to program its IT systems to recognize the changes in benefits would cost about \$70 million — an amount more than double the \$30 million originally estimated for the task.

By late last year, Worley said the VA was in the process of hiring 200 temporary employees who would process claims by hand until the IT system was improved with a 40- to 50-person team that would be responsible for deciding which veterans would be eligible for increased aid for STEM degrees. Worley and other VA officials said late last year that they were confident the expansion would be fully in place before the start of the 2018-2019 school year.

“We expect a wave of enrollments to come in between now and the early part of the fall, so that will be an increased workload, and that’s why we have more people and overtime scheduled and those kinds of things,” Worley said. “We will need to do some reworks for enrollments that come in between now and mid-August.”

He also said he would rate his group’s performance implementing the plan at an ‘8’ on a scale of 1 to 10, with 10 being perfect.

“We are doing everything we can to make sure that the experience of the veteran is seamless,” Worley said.

A full breakdown of changes to the GI Bill is available on the VA website at benefits.va.gov and veterans can follow updates on its implementation at the VA's Post-9/11 GI Bill Facebook page.

Stars and Stripes reporter Nikki Wentling contributed to this report

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - KIVI (ABC-6, Video): [New cath lab for Idaho veterans opens](#) (18 July, Jessica Taylor, 156k uvm; Nampa, ID)

Veterans in Idaho with heart concerns are getting access to a new facility designed to serve their needs closer to home. The new cardiac cath lab at the VA Medical Center in Boise expects to treat more than 400 veterans in Idaho every year.

The medical center didn't previously have the x-ray technology or procedure rooms needed to treat veterans with heart disease. Instead, veterans had to go to outside areas like Portland or Seattle to receive treatment.

Now, they can get the care they need in the comfort of their own community.

"We can speed up the time to diagnosis the time to treatment for our patients and we dramatically reduce the sort of dissociative issues of having to dislocate them in a sense to move them to Seattle and their families, so it's a tremendous asset for this institution," said Dr. Steven Fonken, the director of the VA's new cath lab.

The new lab will help doctors determine the severity of each patient's heart disease and provide quicker treatment. It opens August 7.

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4. Focus Resources More Efficiently

4.1 - Talking Points Memo: [Report: VA Purging, Reassigning Career Employees Suspected Of Disloyalty](#) (18 July, Alice Ollstein, 11.8M uvm; New York, NY)

The Department of Veterans Affairs is carrying out politically motivated reassignments of career staffers ahead of the confirmation of Trump-appointed Secretary Robert Wilkie, the Washington Post reported Wednesday, demoting more than a dozen long-serving officials because of their perceived political loyalties.

The reassigned workers said they were not given a reason for the move, and others at the department told the Post that they fear the troubled agency will lose institutional knowledge.

A bill passed by Congress in 2017 was intended to make it easier for the VA to oust senior officials accused of serious wrongdoing, but it has in practice led to a mass purge of rank-and-file employees for minor infractions.

Whistleblower advocates and federal worker unions have characterized these purges as part of the Trump administration's broader effort to politicize the non-partisan civilian workforce. At the VA in particular, this trend has coincided with the ouster of people opposed to the privatization of the public health system that serves millions of U.S. veterans. After President Trump fired VA Secretary David Shulkin in March, Shulkin wrote in a New York Times op-ed: "They saw me as an obstacle to privatization who had to be removed."

Organizations that work with VA rank-and-file employees say they see this pattern playing out across the agency.

"They're moving in people who want to privatize. If you're opposed to that and you speak up, you're probably on the chopping table," Ward Morrow with the American Federation of Government Employees told TPM. "It really is retaliatory, whatever they're doing."

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4.2 - Vox: Trump loyalists may be purging career officials at the VA, Some of the employees supporting the VA secretary have more than 20 years of experience. (18 July, Alex Ward, 10.6M uvm; Washington, DC)

More than a dozen employees in high-level positions at the Department of Veterans Affairs have recently been reassigned to lower-level positions — and a new report says it's part of a purge by President Donald Trump's loyalists.

According to the Washington Post, acting VA Secretary Peter O'Rourke and a small team of Trump political appointees are reshuffling staffers they perceive to be disloyal to Trump and his agenda for the VA, which is responsible for providing health care and other federal benefits to US military veterans.

In some instances, the Post story says, the reassigned staffers are career civil servants who have served in critical support roles for more than 20 years.

Which means that, if confirmed, Trump's new VA secretary, David Wilkie, will not benefit from the help of experienced employees who know the ins and outs of their jobs and the department. This is potentially a huge problem, as it'll make Wilkie's job of fixing the US government's second-largest bureaucracy that much harder.

The VA is defending its actions, though. "Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to Veterans," Curt Cashour, a VA spokesperson, told the Washington Post. As of now, there's no indication Wilkie had any role in the reassignments.

Why the VA "purge" may be happening

It's likely this "purge" traces back to the ouster of the last VA secretary, David Shulkin, four months ago.

Shulkin wasn't doing enough for conservatives' tastes to overhaul and privatize the VA. Instead, he stayed in line with the preferences of most veterans groups, taking a deliberate pace toward reform rather than trying to drastically change the agency with a big push for privatization.

Trump's transition team tried to staff the VA with hardcore right-wingers who were committed to privatization. They began to question Shulkin's loyalty to Trump because he wouldn't change his preferences. Trump eventually fired Shulkin in March after a year of infighting.

O'Rourke — a former Trump campaign staffer and current loyalist — took over for Shulkin. It appears he's now using his newfound power to remake the VA more in Trump's image.

It's unclear what kind of authority O'Rourke will have once Wilkie takes the VA's helm, or if Wilkie will reverse any of O'Rourke's personnel moves.

But one thing is clear: People seem to be losing their jobs at the VA because of their political views, not their competency. That's a bad way to operate any government agency.

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4.3 - Washington Examiner: [VA cleaning house of Trump haters: Report](#) (18 July, Diana Stancy Correll, 4.8M uvm; Washington, DC)

Trump allies at the Department of Veterans Affairs have begun an effort to oust or transfer officials at the agency who appear to be disloyal to President Trump, according to a new report.

The reassignment effort is being spearheaded by several political appointees under acting Secretary Peter O'Rourke, and includes reorganization of more than 12 civil servants from the leadership suite at VA to lower-profile positions, the Washington Post reports.

Meanwhile, several others have been moved to other cities for lower-profile positions, and some have been removed from their posts for objecting to the leadership group, anonymous sources told the Post.

They also disclosed that a high-ranking executive who first joined the VA during the Obama administration stepped down from his post amid a dispute with Trump aides.

"These are people who served multiple administrations," a reassigned employee said, according to the Post. "But they only want them to serve the Trump administration. You can't run a department like that."

According to the VA, the reorganization of the agency will contribute to positive changes.

"Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to veterans," VA spokesperson Curt Cashour said, per the Post.

The report comes as Trump's nominee to lead the agency, Robert Wilkie, is awaiting full confirmation from the Senate. He was approved by the Veterans' Affairs Committee earlier this month.

Wilkie was the former assistant defense secretary under George W. Bush. He served as acting secretary of the VA following David Shulkin's removal, and as he awaits confirmation, has returned to his role as head of military personnel at the Defense Department.

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4.4 - Kansas City Star: Kansas doctor loses license for sexual relationship with patient who overdosed (18 July, Andy Marso, 4.8M uvm; Kansas City, MO)

The Kansas medical board has revoked the license of an Emporia doctor for having a sexual relationship with a vulnerable patient who tried to commit suicide using pills he prescribed her.

The doctor, Chester W. Stone, remains licensed to practice in Missouri and previously worked at the Kansas City VA Medical Center.

In a revocation order issued last week, the Kansas Board of Healing Arts wrote that Stone "was in a position of significant power" over the unnamed female patient "and he abused that power."

"The Board also notes that Licensee's conduct contributed to Patient 1's nearly fatal overdose," the board wrote. "This incident illustrates that Licensee's conduct constituted a serious threat to patient safety."

Reached by phone Tuesday, Stone declined to comment publicly on the substance of the board's order. He said that in addition to working for the Veterans Affairs Eastern Kansas Health System and in private practice in Emporia, he also worked for the Kansas City VA Medical Center for about 10 years but doesn't anymore.

"I haven't worked there since February or something," Stone said.

A spokesman for the VA Eastern Kansas Health System said Stone no longer works there either, having retired June 15.

But he's still allowed to work in Missouri. According to the Missouri Division of Professional Registration, Stone got his Missouri license in April 2016 and it expires Jan. 1, 2019.

Stone said he thinks his attorney has reported the loss of his Kansas license to the Missouri medical board.

Stone, an oncologist licensed to practice in Kansas since 1985, treated the female patient for anxiety while he was seeing her romantically, according to the board's order.

He referred her to a psychiatrist but kept seeing her and prescribed her drugs, including controlled substances.

Early one morning in 2015, he got text messages from her "that were suicidal in nature," according to the board's order. Police officers who went to the woman's home found her unresponsive in the backseat of her car, her skin pale and cold.

The officers weren't able to find her pulse, but she was breathing and after being treated at two hospitals, she survived. The officers found several empty medication bottles in the car, including one for 120 pills of alprazolam, an anti-anxiety drug Stone prescribed her.

The medical board launched an investigation and found that Stone had other infractions as well.

Since 2009, he had been using a special type of Kansas license that allowed him to practice only in federal facilities such as the veterans hospitals. Despite those restrictions, Stone also worked regularly as a weekend hospitalist at Mercy Hospital in Manhattan until May 2015, and as recently as June 8, 2018, he continued to "moonlight in various places periodically," according to the board order.

By checking Kansas' prescription drug monitoring system, the board found that Stone had violated the terms of his special license by prescribing controlled substances outside of the federal health system 17 times to 12 patients. He chalked that up to "not reading the fine print."

In its order, the medical board said Stone showed a "thorough lack of genuine remorse and refusal to take responsibility for his actions."

"Licensee exhibited a disturbing lack of awareness of the severity of his conduct," the board's order says, "particularly in regard to his wrongful sexual relationship and his wrongful prescribing behavior in regard to that patient."

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4.5 - Fayetteville Observer: New Fayetteville VA Medical Center director attends first local town hall (18 July, Rachael Riley, 439k uvm; Fayetteville, NC)

Area veterans and residents attended the first town hall meeting under new leadership Wednesday night at the Fayetteville Veterans Affairs Medical Center.

James Laterza, who retired from the Army last summer, was appointed as the center's director in March.

During the quarterly town hall, Laterza highlighted goals for the Fayetteville-area VA, areas that have shown improvement and areas that need improvement.

"Our responsibility is to give you something you want," he told the crowd.

Following his presentation, members of the staff who deal with a variety of issues, including primary care, mental health, medical specialty services, surgical services, and prosthetics, met with attendees to listen to individual concerns or comments.

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4.6 - New American: [VA Whistleblowers Claim Harassment and Retaliation](#) (18 July, Raven Clabough, 339k uvm; Appleton, WI)

Two whistleblowers are claiming that they were virtually run out of a Veterans Affairs hospital in Jennings, Louisiana, after they reported widespread corruption, the Daily Caller reports.

The VA dominated the news cycle years ago after reports that a Phoenix facility had been altering its scheduling books and that at least 40 veterans had died while awaiting care. Since that revelation, significant evidence of corruption, waste, and fraud in VA facilities have come to light, and the whistleblowers who dare to make complaints have faced significant retaliation.

Crystal LeJeune and Harvey Norris are the latest victims. Both are former employees of the Alexandria, Louisiana, VA Medical Center system, of which the VA hospital in Jennings is a part. They both claim that they uncovered widespread abuse, fraud, and waste, specifically in the Home Based Primary Care (HBPC) department, and experienced retaliation for speaking out about what they observed.

In her complaint to the Office of Special Counsel (OSC), LeJeune indicates she witnessed "patient neglect" and the falsification of medical records, as well as deceitful time documentation and tampering with government vehicle-tracking systems.

For example, LeJeune states that one of the nurses claimed to have visited 11 patients in one morning, a near impossibility. She claims that while patients were supposed to be seen every 30 days, many had gone unseen for much longer.

LeJeune contends that she began experiencing harassment at work when she brought these issues to light.

It started with an investigation in September 2012 that forced her to be moved to a temporary assignment, LeJeune explained. She said that she was eventually cleared from that investigation, but it was only the beginning of the harassment.

Another hospital employee, a dietitian named Tabitha Nicholas, even began taking notes about LeJeune.

"Tabitha was taking notes as to my comings and goings since I first started at HBPC. Every time I left the office, she went to the front door/window to make sure I was gone (I actually saw her). She reported my every move to my supervisor at the time," LeJeune stated during the 2012 inquiry into the hostile work environment.

She claims she was followed and had her photo taken by another employee, and that false allegations were made against her. In 2016, photos had been taken of her desk that allegedly held unattended sensitive patient information. It was later determined that the photographs were manipulations.

She also indicates her Christian faith had been disparaged in a staff meeting.

"There is an email between supervisors where Tabitha Nicholas questioned my Christianity and stated I needed to find God, in a meeting that I was not present [at]," LeJeune states.

Curt Cashour, press secretary for the Department of Veteran Affairs, dismissed LeJeune's allegations, saying she "did not provide any information that supports [her] assertion [of] any threatening conduct directed toward [her]," Cashour stated. "There was insufficient information to conclude with a substantial likelihood that the actions of HBPC employees amounted to wrongdoing."

In contrast to Cashour's claims that there was insufficient evidence to support LeJeune's allegations, an investigation by the VA's Office of Resolution Management produced a near 700-page report.

LeJeune ultimately took medical leave after she was followed to a restaurant by Nicholas, who took photos of LeJeune and the other hospital employees with whom she was having lunch. The photos were used to trigger another investigation.

Finally, in June 2018, she was granted medical retirement.

When Norris started at the HBPC in November 2016, most of the problems observed by LeJeune years earlier were still taking place.

"What happened was that I found all sorts of problems: the overbilling, misuse of government, and filing false documentation," he recalls. For example, he learned that the nurse practitioners had formed their own corporation and were funneling patients illegally to their company.

But when Norris filed a complaint with the VA Office of Inspector General, Cashour dismissed his claims.

"VA has asked Mr. Norris several times for evidence backing up his complaint. To date, Mr. Norris has not provided anything that backs up any of his claims. VA stands ready to look into this right away should Mr. Norris provide evidence and/or documentation backing up his claims," Cashour wrote.

Norris began experiencing retaliation a short time later. While having dinner at a truck stop with LeJeune and another VA employee in February 2017, he noticed Nicholas and another VA employee taking notes on Norris and his colleagues.

An investigation was then launched against Norris for misuse of a government vehicle that he used to drive to the truck stop for dinner.

Norris explained that he had used the vehicle for a presentation in St. Martinville, followed by a meeting with a veteran at a Waffle House a few miles from the presentation. He then went to see the doctor who would be handling the veteran's case in the Jennings VA. Norris was found to be in violation for failing to comply with his original itinerary, which called him to go to a hospital in Alexandria immediately from his presentation, and was ultimately demoted and given a two-week suspension.

According to Norris, he was not permitted to see the complaint against him, or the photographs taken of him. He also was not permitted to know who filed the complaint, though he assumed it was Nicholas, since she had been seen taking pictures of him.

Norris decided to look for another job, and on the day he resigned, he received another write-up.

Norris says he is relieved that he has switched jobs. Unfortunately for the patients at the Jennings VA, however, it seems anyone who cares enough to report corruption is not around long enough to ensure change can happen.

LeJeune's and Norris' experiences are not unique in the VA. A 2014 press release from the OSC indicated it had received complaints from employees at VA facilities in Puerto Rico, as well as in 18 states — Arkansas, Arizona, California, Colorado, Delaware, Florida, Georgia, Iowa, Kentucky, Michigan, North Carolina, New York, Pennsylvania, South Carolina, Tennessee, Texas, Utah, and Wyoming. Reports of retaliation continued to be reported each year since that press release, underscoring how impotent the OSC has been in addressing the problem.

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4.7 - Healthcare DIVE: [Veterans Health Administration shifts leadership](#) (18 July, Tony Abraham, 157k uvm; Washington, DC)

Dive Brief:

- Richard Stone, a former Veterans Health Administration executive, has returned to temporarily lead the administration as it continues to search for a permanent undersecretary, according to a report from Military Times.
- Stone, who has been working for tech consulting firm Booz Allen Hamilton, is replacing Carolyn Clancy, who has been shifted to a research and development position within VHA .
- Stone is VHA's third temporary administrator since former VA Secretary David Shulkin's promotion from that position in February 2017. Meanwhile, President Donald Trump's nominee for VA Secretary, Robert Wilkie, is awaiting confirmation from the Senate.

Dive Insight:

Peter O'Rouke, who's sitting in as acting VA secretary while the Senate works to confirm Wilkie's nomination, signaled to reporters during the Stone announcement that decisions will soon be made on leadership positions within VA.

Stone is reported to be on the list of candidates being considered to lead VHA as undersecretary for health. In the time since the position has been vacant, Shulkin has been fired, Trump's first nominee to replace him withdrew under Senate scrutiny and the department's community care programs have been overhauled to extend private sector options for veteran care and shift the department's funding sources via the \$5.2 billion MISSION Act.

Yet, some lawmakers remain concerned about funding for veterans health. Earlier this week, the White House issued a letter warning Senate members who want to spend over budget on veterans health, saying the funding sources made available in the MISSION Act should be "more than sufficient."

Adding to VA turmoil over the past year has been the agency's contract with Cerner to implement a new EHR system, replacing VA's 40-year-old VistA system. The contract was first announced in June 2017, but was delayed over issues with interoperability for nearly a year before being finalized in May.

VA has just recently established the Office of Electronic Health Record Modernization to help maintain the agency's new Cerner EHR system over the next 10 years. That office will be working closely with whoever is tapped to lead VHA.

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4.8 - KMA (W1-960): [Shen CBOC process outlined at V-A town hall](#) (19 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Plans for a new Community Based Outpatient Clinic were among the many topics discussed at a special meeting in Shenandoah Wednesday night.

Veterans from all over KMAland packed the Shenandoah Elks Lodge for a veterans town hall meeting sponsored by the Veterans Administration's Nebraska-Western Iowa Health System. Julie Rickert, associate director of operations for the V-A's Omaha office, says Shenandoah's new CBOC is one of several planned for the region--others included Lincoln, Norfolk and Holdrege, and an ambulatory clinic in Omaha. Because planning for Shenandoah's new CBOC is still in the planning process, Rickert omitted some specifics--such as where the new clinic would be located. However, Rickert says the project's contracting officer is still planning the bidding process.

"We haven't awarded it," said Rickert. "So, we're doing the piece as far as validating that there's partners out in the community who can help us with it. We're doing the market research, we're putting together the package. We'll be going out and soliciting, which means we'll put the package out electronically to people that are interested in it. We'll put that up. We're with a contracting officer, with the intention that we will do an award in January."

Rickert says more information will become available once the project's vendor is determined.

"Once we have that award," she said, "and there's no protests, then that's when we can give more information about where that location's going to be, and what it's going to look like. The other important thing is that once you have that date, that really means that we're about 18 months away from activation--give or take a couple months."

"An activation means you're standing it up, you're getting the furniture, and the fixtures, and the equipment that you need for that new space. You're making sure that the design is correct, and you're opening the doors to see veterans."

Local CBOC supporter Ernie Aust expressed concerns over whether bidletting and solicitation information would be provided to potential local contractors.

"I think on the local scene, I think there's quite a few steps prior to January of '19," said Aust. "On the list that we had earlier, we talked about issue of solicitation, receive proposals, complete the proposal evaluation, and then the final award. Well, for anyone that has property, or is interested in building it, I guess my question is when will that issue of solicitation take place? Because, that's when, locally, people will know what's to be bid on."

Rickert says that information would come from the project's contracting officer. Don Burman is the V-A Nebraska-Western Iowa Health Center's director. Burman says he would make the contracting officer's name and other information available to interested parties.

"I can guarantee you you'll have that solicitation information, and the name of the contracting officer by tomorrow (Thursday) noon. I'll know who it is," said Burman, whose remarks were met with thunderous applause from the crowd.

"If they're hiding somewhere, I'll go find them, because I know this is important to us. This is important to us, as much as it is to you," he added. Burman commended the Shenandoah CBOC's staff for working in cramped quarters in the existing clinic at the Orchard Corners Shopping Center.

Other topics covered at Wednesday's town hall included the new Veterans Community Care Program, which would consolidate several V-A care initiatives, including the Choice Program, into one program. V-A officials also provided information on medical services for veterans--including efforts to eliminate opioids and narcotics from care programs, and the V-A's suicide prevention initiative.

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4.9 - Register-Herald: [VA Medical Center looking for volunteers Yost encourages people to get involved for the rewarding feeling of helping those in need](#) (18 July, Rebecca Rhudy, 77k uvm; Beckley, WV)

The Beckley Veterans' Administration (VA) Medical Center is looking for new volunteers.

Cheryl Yost, chief of voluntary service, said volunteers play a vital role in the VA team, and that it is not only special for those they are serving but also a rewarding experience for the volunteers.

"I truly believe that if I can get someone to volunteer, they will love it and realize how gratifying it is in helping someone," Yost said. "You simply can't put a price tag on how wonderful it makes you feel."

She went on to describe that volunteering at the VA is great for people of all ages.

"For young people, it's a great place to volunteer to gain work experience for job and college applications," Yost said. "For retirees, it's a great way to stay active and keep in shape getting your mind off of your own problems and a great place to socialize and develop needed friendships."

The Beckley VA Medical Center currently has approximately 250 to 300 volunteers. Yost said that there are a variety of opportunities for people to get involved at the VA, and they are always looking for more help.

"Some of the responsibilities of our volunteers are helping Veterans and their families in different ways," Yost said. "For example, they are responsible for providing information, escorting patients in wheelchairs, delivering mail, providing transportation to their VA

appointments, providing activities and entertainment, No Veteran dies alone program, and other various opportunities to just helping Veterans."

Yost said there are only a few requirements to become a volunteer at the Beckley VA Medical Center.

"We have a training packet that they must read and complete, and we do an orientation," Yost said. "Once they are placed in a service, the service may have some service specific training to complete. The minimum age to volunteer is 14, but there is no maximum age."

Yost encourages people to get involved for the rewarding feeling of helping those in need. She went on to share some of her most memorable experiences during her time at Beckley VA Medical Center.

"I could share so many stories," Yost said. "I have a son that wanted to follow in his dad's footsteps as a Beckley VA Volunteer; I have a lady volunteer who came down with a crippling disease, but since she can no longer volunteer on site, she continues by crocheting hats, scarves and other items for Veterans; I have a man that has a brain injury that wanted to give his time to help Veterans; I have a man that was an employee here for over 30 years who retired and traded his work uniform for a volunteer jacket. All these stories mean so much."

For anyone interested in volunteering for the Beckley VA Medical Center, they are encouraged to contact Yost or Brenda Shelton of Voluntary Service at 304-255-2121, extensions 4156 or 4162.

Yost said it is a really great program to get involved in.

"It's a great place for all ages," she said. "I like to ask folks, 'How many places can you go and take care of an American hero every day?' Only at your local VA."

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4.10 - FEDweek: [Split Remains on Special VA Disciplinary Policies](#) (18 July, 51k uvm; Glen Allen, VA)

A year after enactment of a law revamping disciplinary policies at the VA there was consensus at a House hearing that the department has been taking more disciplinary actions since the law's enactment, but not on whether the law has been a success.

VA statistics show that the rate of major discipline – including firings, demotions and suspensions of 14 days or more – has nearly doubled. Of the more than 2,000 in calendar year 2017, more than 1,300 occurred in the last six months. That rate has held about steady so far this year, with nearly 1,200 through June.

The law was one of a series in response to the scandal over record-keeping at some VA facilities that made it appear that patients were being seen more quickly than was the case. It reduced the period of notice, response and final agency action to 15 working days; specified that in appeals of both conduct- and performance-related discipline before the MSPB, the department needs to meet only the lower evidence standard generally applying only in the

former type; required that the MSPB either accept or reject the agency's choice of penalties entirely; and raised the legal standards for employees who appeal further into federal court.

"The only way to bring true accountability to VA is to create a culture where employees want to come to work and serve veterans. This will only happen when good work is consistently rewarded and when it's clear the department won't tolerate employees who do not live up to the high standards required of public servants," said Veterans Affairs Committee chairman Rep. Phil Roe, R-Tenn.

But the AFGE union, which represents most VA employees, said the law "has turned out to be the most counterproductive VA law ever enacted." While the change was largely targeted at management-level officials responsible for the scandal, in practice it has had a "disproportionate impact on VA's lowest paid and veteran workforce," it said. Of the nearly 1,100 disciplined in the first five months of this year, only 15 were supervisors and many were in positions such as housekeeping aides, it said.

"Instead of using the legislation to hold VA management accountable so that real change can be made, the administration has instead systematically purged lower level workers and whistleblowers," said ranking Democrat Mark Takano of California.

VA officials, though, presented data showing that the rate of discipline against GS employees below grade 10 and non-supervisory wage grade employees is about the same as it was prior to enactment.

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5. Improve Timeliness of Service

5.1 - Heilio: [Study: Short supply of centers impacts transplant rates for veterans](#) (18 July, Mark E. Neumann, 581k uvm; Thorofare, NJ)

In most cases, U.S. veterans are less likely to get a kidney transplant compared to individuals with Medicare or private insurance, according to a recently published study.

"After successful listing, [Veterans Administration] VA kidney transplant candidates appear to have persistent barriers to transplant," wrote Joshua J. Augustine, MD, and colleagues from the Cleveland Clinic, Case Western University School of Medicine, the Louis Stokes Veterans Administration Hospital and the Populations Health Research in Cleveland. "Further contemporary analyses are needed to account for variables that contribute to such differential transplant rates."

Veterans have a higher rate of kidney disease compared with the general population, and kidney transplant outcomes in VA patients have been comparable to the general population, the authors wrote. VA patients do benefit from universal coverage of immunosuppressive therapy, with low or absent copays after transplantation.

"The high cost of immunosuppressive medications has been shown to be a deterrent to transplantation in the general population, and VA benefits may help to eliminate this barrier," the authors wrote.

However, the VA has seven kidney transplant centers available across the country, possibly explaining why 15% of veterans who get kidney transplants use VA centers for the surgery, the authors wrote.

"Traveling long distance to a transplant center creates barriers as described above, and VA transplant centers that serve veterans from multiple states and a wide geographic area face challenges related to high-patient volume and the difficulty in making an initial assessment by long distance chart review," Augustine told Heilio Nephrology. "The VA provides excellent access to care and affordable coverage of medication after transplantation. However, even with expansion of VA transplant centers, it may be hard to serve all veterans effectively prior to transplantation."

In the study, 302,457 transplant patients were identified in the Scientific Registry of Organ Transplantation database; 11,604 who received a living donor kidney transplant without being referred for transplantation and waitlisted were excluded. When reviewing distance to transplant centers, researchers said the median distance for VA patients in the study to a transplant center was nearly 10-fold greater than those with other insurance (282 miles vs. 22 miles). Even when comparing VA transplant rates from four local VA transplant centers with four local non-VA competing centers in the same donor service areas, VA patients still showed a lower transplant rate than privately insured patients despite similar adjusted mortality rates. Transplant rates for VA patients were similar to those of Medicare patients in the local study.

"We compared transplant rates with local non-VA centers in order to make a more direct comparison within the same donor service areas, since rates of organ recovery and transplantation can vary from different regions and organ procurement organizations," Augustine told Heilio Nephrology. "We were not completely surprised to see differences since publicly available Scientific Registry of Transplant Recipients (SRTR) reports had recently reported transplant rates to be lower than expected in three of the four VA transplant centers while transplant rates were greater than expected in the local academic competing centers. Differences did not appear to relate to poor health in veterans, as VA patients had good initial survival on the waiting list and better survival compared to Medicare patients. Differences also did not appear to be driven by poor socioeconomic status in veterans, as analyzed by ZIP code data. A more granular analysis of organ turndown rates and patient availability may shed light on the reasons for differences between VA and local non-VA centers."

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5.2 - Heilio: Veterans Health Administration dialysis providers linked with lower mortality rates, increased hospitalization rates (18 July, 581k uvm; Thorofare, NJ)

Veterans who initiated dialysis with a Veterans Health Administration dialysis provider appeared to have lower mortality rates, but experienced increased hospitalization rates compared to veterans who initiated dialysis at non-Veteran Health Administration facilities, according to research appearing in the Clinical Journal of the American Society of Nephrology.

"Given that veterans with ESKD who initiate dialysis under the Veterans Health Administration may have different survival rates according to their dialysis provider at initiation be it a VA dialysis unit or an outsourced dialysis provider such as DaVita or Fresenius or others, we sought to evaluate these important associations," Elani Streja, MPH, PhD, lead author of the

study and director of the transition of care in CKD project in Veterans Administration (VA) Long Beach, told Heilio Nephrology.

Streja and colleagues studied 68,727 U.S. veterans who initiated dialysis at either a Veterans Health Administration (VHA) or a non-VHA facility to examine the association of the provider with mortality and hospitalization rates within the first year of initiation.

Researchers found 10% of patients initiated treatment at a VHA dialysis center. These patients were younger, were more likely to be black, had fewer cardiovascular comorbidities and had lower eGFR at initiation; however, they were more likely to be hospitalized within a year.

"Yes, we did find that veteran patients who initiated dialysis treatment in a VA dialysis unit had a lower mortality risk but higher hospitalization rates than veterans initiating dialysis at outsourced units. This could suggest that focused hospitalization to enhance care is beneficial for survival," said Kamyar Kalantar-Zadeh, MD, study co-author, professor, chief of nephrology at University of California Irvine and principal investigator of the USRDS Special Study Center. "Moreover, since only 10% of all veterans initiate dialysis in one of the 75 VA units given space constraints, an incremental initiation of dialysis at twice-weekly could allow more veterans to start dialysis in the VA system."

Disclosures: Streja is an employee of the Department of Veterans Affairs. Kalantar-Zadeh has received honoraria and/or support from Abbott, AbbVie, Alexion, Amgen, American Society of Nephrology, AstraZeneca, AVEO Oncology, Chugai, DaVita, Fresenius, Genentech, Haymarket Media, Hofstra Medical School, International Federation of Kidney Foundations, International Society of Hemodialysis, International Society of Renal Nutrition and Metabolism, Japanese Society of Dialysis Therapy, Hospira, Kabi, Keryx, Novartis, NIH, National Kidney Foundation, OPKO, Pzer, Relypsa, Resverlogix, Sandoz, Sano, Shire, Vifor, UpToDate, and ZSPharma. Please see the full study for all other authors' relevant financial disclosures.

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5.3 - WVEC (ABC-13, Video): [Veterans Affairs nursing homes with low ratings in Hampton Roads, Documents from our partners at USA TODAY show patients in more than two-thirds of VA nursing homes were more likely to have bed sores and pain, compared to private nursing homes.](#) (18 July, Megan Shinn, 607k uvm; Norfolk, VA)

For the first time, the Veterans Affairs is making its annual nursing home ratings public.

The House Veterans Affairs Committee is investigating 133 VA nursing homes. The investigation comes after the committee learned the VA gave almost half of its nursing homes the lowest possible score in internal rankings.

All the nursing homes were rated on a scale from one to five stars. Ratings are evaluated on staffing, health inspections, surveys, and quality measures, according to an email from the Hampton VA media department.

Those quality measures include: the residents' health, physical functioning, mental status and general well-being.

Documents from our partners at USA TODAY show patients in more than two-thirds of VA nursing homes were more likely to have bed sores and pain, compared to private nursing homes.

In response to the report, a Hampton VA spokesperson told 13News Now the department cares for sicker patients in its nursing homes than do private facilities on average.

The VA has nursing homes in 46 states.

We looked into which of our community living centers made the list in Hampton Roads. Through the VA's website, we went to the ratings link. When you put in a Hampton Roads zip code, it pops up with at least three one-star rated nursing homes including: Carrington Place of Chesapeake, Coliseum Convalescent and Rehabilitation Center, and Autumn Care of Suffolk.

We reached out to all three VA nursing homes with one-star ratings. So far, we only heard back from one.

A statement from Autumn Care of Suffolk's attorney Gregory Nicoluzakis, Esq. our official comment is as follows:

"At all times Autumn Care of Suffolk acts in the best interests of its residents and promotes their health, safety, and welfare. A unitary star rating determined from afar by folks who may not have ever visited the facility does not accurately reflect the quality of care the facility provides and the number of positive outcomes encountered by residents and their families."

Butch Schupska is with the Veterans of Foreign Wars in Norfolk. When we showed him the results he said, "It's sad."

"All veterans are family," and this report makes him "just makes you want to go out there and just take them out and bring them home."

Family Law professor Lyanne Marie Kohm told 13News Now, "There are rights that the VA resident has. That any resident has."

Kohm said most times, those through the "resident's bill of rights," nursing home tenants have the right to be safe, have proper health care, privacy, and more.

So in light of this report she suggests, "Family members really need to keep an eye out for them (nursing home residents) and to follow up on any leads the person living in the home would suggest, gosh I've been mistreated," said Kohm.

She suggests going directly to the first nursing home administrator if there's an issue, and then working your way up to higher supervisors and a lawyer if needed.

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5.4 - Berkshire Eagle: [A Marine Corps vet's mission: Getting to bottom of VA care mishap](#)
(18 July, Ben Garver, 191k uvm; Pittsfield, MA)

A Lenox man is heading back to Northampton soon, ready after a year of turmoil to sit in a dental chair and receive the free care he earned by serving with the Marine Corps.

But he'll be on his guard. And on a mission.

Bruce A. Deloye's return to a veterans hospital comes after a yearlong fight to get to the bottom of a bad experience he says he suffered during a dental cleaning last August — a matter that's now one element, however small, in an ongoing federal probe of the quality of care delivered to veterans like Deloye in Western Massachusetts.

Even before the Veterans Affairs' Office of Accountability and Whistleblower Protection opened an investigation into a former staff doctor's allegations of substandard care at the institution, Deloye began seeking answers about why he suffered an intense burning sensation in his mouth and throat during a procedure Aug. 24, 2017.

Deloye, a Pittsfield native who is 81, receives care, like other veterans in Berkshire County, through the Central Western Massachusetts HealthCare System in Northampton.

The sensation occurred as his mouth was being rinsed during the cleaning and lasted about 10 seconds.

"The taste of that stuff was like drinking out of Silver Lake at its worst," said Deloye, referring to the Pittsfield lake polluted over decades by the General Electric Co. "It was a horrible burning experience. Who knows what was in that line."

He set out to uncover what happened. "I want to be a whistleblower," said Deloye.

Officials with the Northampton VA say Deloye's experience was limited and has not occurred again, though one other patient reported a "bad taste" in his mouth while receiving care in Dental Treatment Room 1242.

Deloye's quest for answers won him audiences with VA officials, including Director John P. Collins, and help from staff in the office of U.S. Rep. Richard E. Neal, D-Springfield. In late June, Neal informed Deloye by letter that his case has been referred to federal authorities investigating the facility.

The newly created whistleblower office continues to look into claims that the late Dr. Sarah Kemble detailed in a 23-page affidavit. Five days before dying of cancer in December, Kemble also had testified to the whistleblower unit.

Kemble flagged what she saw as problems with the Northampton VA's care in her three years there. Among her concerns: inadequate staffing, bad communication that led to delays in care and access by patients to illegal drugs.

Andre Bowser, spokesman for the Northampton VA, said the institution is cooperating "fully" with the federal investigation and said staff there are committed to providing high-quality care for veterans.

"This is all the information we have that is releasable at this time," he said in an email.

'Chemical waste'

Within days of his Aug. 24 dental clinic visit, Deloye contacted Neal's office, detailing in a handwritten, one-page letter what he had experienced. He said the cleaning seemed to be going routinely until about 10 minutes in, when he used a tube that provided liquid for rinsing.

He wrote that his mouth began to burn and he swallowed "what tasted like, for lack of a better description, 'chemical waste.'"

Deloye asked the dental hygienist what was happening. On leaving, he ran into the head of the clinic, Dr. Amit Sharma, and described his experience. Like the hygienist, Sharma said the liquid was distilled water.

"I demand to know what I swallowed," Deloye wrote. "I don't want this to happen to any other vets, and I don't want a VA coverup to occur."

Deloye suggested in his original statement to the VA that a cleaning agent might have been present in the line supplying the rinse water. He wrote that he was sharing his statement with Neal's office and with the veterans' agent in Pittsfield.

Deloye also had spoken again with Sharma, the Northampton VA's chief of dental services, who explained that, due to changes nationally, the facility used a new system employing suction and a water spray, rather than the old-style "cupidor" system in which patients spit rinse water into bowls.

After getting Deloye's statement, Cynthia Clark, a staff member in Neal's Pittsfield office, referred the matter to the Northampton VA's director in a Sept. 5 letter.

According to the VA, Sharma already had promised Deloye that he would have the cleaning system tested. That happened Sept. 6 — with no problems found by a unit called the Bio-Medical Equipment support group.

Tests done

In a response to the letter from Clark, Dennis R. Ramstein of the Northampton VA said the tests examined the exam chair as well as air and water connections in tubing in the room where Deloye had been treated. Ramstein, a public affairs officer, said the inspection group also contacted the maker of the chair.

It found that "there is no chance of cross contamination of any of the air, water, or suction lines used," Ramstein wrote. He said tests run every three months also had not found any contamination.

"To date we have found no errors in our dental equipment and have had no other complaints of the sort expressed by Mr. Deloye," he wrote.

Ramstein told Clark that Deloye's experience led the clinic to begin stocking water bottles so patients can rinse their mouths. He said the clinic is now purging all lines for four minutes after each cleaning instead of the 30 seconds recommended by the manufacturer.

Clark then relayed those findings to Deloye in a Sept. 27 letter.

But Deloye remained unconvinced.

He later learned that another veteran had reported having a "bad taste" during a procedure.

In October, Deloye spoke again with Sharma, after the dentist called him to check in. According to medical records that Deloye made available to The Eagle, the dentist logged that he had told the patient Oct. 17 the taste could have been the "highly diluted" sodium hypochlorite the clinic used to clean a device known as an ultrasonic scaler. That implement is used in dental cleanings.

Sharma said the scaler had been disconnected from the chair and the VA was ordering equipment so the device could be employed "without using the connections of the chair. Informed him that this was the reason he might have had a chemical taste in his mouth."

The entry closes, "Veteran thanked me and seemed happy."

Ramstein, who serves as outreach coordinator for the local VA, said Sharma told Deloye about the second patient's experience, which came several days after the chair and equipment had been inspected, "in the spirit of complete transparency."

The second patient did not file an official complaint, Ramstein said.

"The issue was determined to also be associated with the change to suction for removal of dental hygiene byproduct," he said, in response to questions about the issue, "rather than the previous rinse and spit routine. There have been no complaints of this nature since."

The chair in Room 1242 remains in use as before, Ramstein said.

But Deloye says a patient advocate who works for the VA told him the chair had been taken out of service, leading him to think that he had not yet gotten the whole story.

Visit with director

On Feb. 9, Deloye met for nearly an hour with Collins, the VA director. At Deloye's side was Phil Prew, a lifelong friend with whom he rode a bus south to boot camp in 1954.

Though assured that tests of the dental clinic equipment had been performed eight months earlier, with no problems found, Deloye felt he wasn't getting straight answers.

Along the way, a patient advocate who had provided early advice, and had told him about the second patient, stopped returning his calls, Deloye said.

Because Deloye didn't want to return to Northampton for dental care, the VA helped him get an appointment with a private practice in North Adams.

"This thing is snowballing into a nightmare," Deloye said in a May interview at The Eagle, as Prew listened.

"Now it's grown into something bigger," said Prew.

Deloye's own medical record now records his emotional odyssey — as well as occasional flashes of temper.

"Veteran in clinic to vent about the frustration and anger he feels," a nurse's Oct. 16 note reads. "Mr. Deloye said that he is angry and disappointed at the [Northampton] hospital director's staff — all of whom appear to be ignoring his concerns."

"He said that he has made it his personal mission 'to get answers and an explanation' from the facility leadership. Vet said his goal is to advocate not just for himself but so the same mishap does not happen to [other] veterans receiving dental services."

The next day, the same registered nurse, Dina Malone, saw Deloye and logged into the medical record that Deloye was upset and exhibiting "hyperfocus" and "perservation of thought" in the way he spoke repeatedly and insistently about his inquiry into his dental experience.

"Veteran's perception of being ignored by VA leadership," Malone wrote, "seem[s] to have triggered ongoing state of anger (self proclaimed 'being like a pitbull dog' unwilling to let go of the matter at hand) thereby continually pursuing all possible avenues toward reinvestigation of the subject."

Though he still harbored doubts about what actually happened in the dental clinic, Deloye felt he was accomplishing something just by reaching out. He expanded his efforts, including calls to the office of Sen. Edward Markey.

That feeling was confirmed when he learned his case had been referred last month by Neal's office to investigators.

"Without pressures, the system will never change," Deloye said in a recent interview, reflecting on his months of advocacy. "We've had so many directors of the VA. It's the same old machine. If there's enough pressure applied, the system will change."

But the former Marine still feels it's an uphill fight. He wonders if he'll hear from authorities alerted by Neal's office.

"After that letter, nothing," he said. "No one has contacted me."

'For other veterans'

Jim Clark, Pittsfield's director of veterans services, believes Deloye advocated for himself well over the past year. Though Clark says his own care through the VA has been "top notch," others have had experiences that warrant review.

"I think he really got the answers," Clark said of Deloye. "It wasn't just for himself. It was for other veterans who went there. He wasn't a lone duck."

"All the right people were put into play. He went through all the right steps," Clark said. "I think he's happy with where he got."

As the anniversary of his dental visit nears, Deloye is going back to Northampton, in part because imaging shows a "shadow" on his jaw that needs to be evaluated.

"We're worried about cancer of the jaw, but I don't think I have it," Deloye said.

The fact that Deloye is coming back for an oral surgery consultation in August, Ramstein told The Eagle, is evidence that trust has been rebuilt.

Deloye acknowledges that progress has been made. He said Sharma, the VA dental chief, has been responsive.

"They've been going overboard for me," he said of the VA.

But when Deloye goes to Northampton, he'll have a few items in tow.

"I said 'I'll bring my own water and my own spittoon,'" Deloye said.

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5.5 - Greenville Sun: [Ahead Of Trial, Judge Upholds VA Policy](#) (18 July, Ken Little, 70k uvm; Greenville, TN)

Robert D. Rose Jr. implored a federal judge Tuesday to consider the plight of military veterans denied relief from chronic pain by the Department of Veterans Affairs as a result of recent VA policies drastically limiting the amount and type of opioid-based pain medications prescribed for treatment.

U.S. District Judge Travis R. McDonough listened to impassioned arguments by Rose in support of an injunction he filed that could have opened the possibility of other veterans seeking legal options to being denied long-prescribed opioid medications. McDonough also heard responses from government attorneys who maintained the VA is rightly following recent federal policy in weaning many veterans off opioid-based medications.

McDonough denied issuing an injunction, saying that Rose offered insufficient proof, effectively narrowing the scope of the lawsuit filed last year to Rose vs. the Mountain Home VA Medical Center and releasing a number of doctors and other defendants initially named in the November 2017 civil action.

Rose, 52, of Gray, said he continues to suffer debilitating pain since being tapered off opioid pain medications beginning in 2016 for chronic medical conditions connected to his service as a Marine. He maintains VA policies drastically affect his quality of life, along with many other veterans now compelled to seek alternate methods of pain relief.

Chattanooga-based McDonough also set a July 2019 trial date for the lawsuit. The case will be heard in U.S. District Court in Greeneville.

"I'm not going to stop fighting this," Rose said Tuesday afternoon as he left the courtroom.

Rose sought to obtain an order from the judge to suspend the VA and Department of Defense policy tapering off prescription of opioid-based medications for former and current members of the military.

In his amended complaint, Rose made a number of legal claims naming as defendants the U.S government, the VA and individual medical providers who treated him, along with U.S. Rep. Phil Roe, who was earlier excused by McDonough from attending the hearing.

Government lawyers maintained at the hearing that Rose alleged no “viable cause of action” against the defendants. For purposes of the injunction sought, McDonough agreed.

McDonough said while announcing his ruling on one of the allegations that Rose “is not likely to win on the merit of his claims.”

Rose said he cannot afford a lawyer and represents himself. Assistant U.S. attorneys Kenny L. Saffles and M. Kent Anderson represented the government.

Rose’s legal arguments cover a wide range of legal territory, including various constitutional violations, violation of the Medicare Act, violation of the Proxmire Act that likens the alleged actions of the VA and other defendants to “genocide,” violation of international treaties signed by the U.S. that cover humanitarian law, violation of the Americans with Disabilities Act, medical malpractice, and alleged libel and slander.

Rose named Roe in the lawsuit, but McDonough said after a teleconference earlier this week that the congressman did not have to appear at the hearing because his is not directly connected to the VA. Roe, chairman of the House Committee on Veterans’ Affairs and a medical doctor, called lawsuit allegations about him “frivolous” in a court document.

Rose told McDonough in court that the VA opioid policy affecting him and many others puts veterans in the same category as habitual drug users and is “unjustifiable.”

“They’re doing this the same way they did Agent Orange. They ignored it and denied it for 30 years,” Rose said.

He cited rising suicide rates among veterans and said federal figures for prescribed opioid overdoses are inflated, while the overdose rates for powerful drugs purchased on the street like heroin and fentanyl on the streets continue to rise.

The stricter VA policy is “a death sentence for people like me and (others),” Rose said.

“You have a power. You’re a federal judge,” Rose told McDonough. “You can save lives. The choice is yours.”

Rose was told in 2016 by a VA provider that his prescription for morphine would gradually “taper” and then be stopped.

Rose answered in the affirmative when asked by Saffles if he has seen a private physician since last year after obtaining insurance. He is prescribed some medication that helps his health conditions, but not at the level he received from the VA to mitigate constant pain.

Rose denied breaking a “pain contract” he signed with the VA in 2016, and challenged Saffles to produce proof that showed he did.

Rose obtained private insurance in July 2017.

"It took that long because I was thinking the VA had my best interests in mind. They did not," he said.

The Marine veteran who suffered a debilitating service-related injury filed the lawsuit last year in U.S. District Court. It seeks a total of \$350 million in damages from defendants that included employees of the Mountain Home Veterans' Affairs Medical Center and Roe.

Rose, a former teacher who is now disabled, served in the Marine Corps from 1983 to 1994. He is now on 100 percent disability due to service-related injuries that affected his back, spine and legs and caused other complications that leave him in constant pain. He is also a diabetic and has other medical conditions.

Rose seeks personal damages of \$100 million "for pain, suffering and extreme torment" since Nov. 1, 2016, "after being forced on pain medication taper on Oct. 15, 2016, as part of VA policies supported by (Roe)," the complaint said.

The civil rights violation lawsuit also asks for punitive damages of \$250 million, with the amount to be placed in a trust to be used to provide free legal representation "to veterans and civilians being discriminated against by governmental agencies, medical and/or doctor offices and doctors to receive the best possible health care to include opioid-based medications for intractable pain" and education of doctors and the public of the need for opioids to treat certain conditions.

Rose acknowledged the "street drug problem" in a 2017 interview but also said pain medicines have "a place in society" for those whose quality of life is impacted when opioid medications are taken away or reduced.

"Many of (my) injuries were degenerative in nature with no current medical procedure available resulting in long-term Intractable Pain Disease," Rose's complaint states.

It claims that since October 2016, providers at Mountain Home VAMC have denied Rose and "90 percent of all veterans being treated there" all pain medications.

The policy is "genocidal in nature as it targets veterans," according to the complaint, which was prepared by Rose.

Rose said he and other veterans with chronic pain issues should not be grouped with victims of the opioid abuse epidemic sweeping Tennessee and the nation.

"One size does not fit all," he said.

The VA embarked on a policy that focuses on alternative methods of treatment and gradually tapering off the prescription of opioid-based pain medications for many patients. The policy makes it harder for veterans and active U.S. military service members to obtain opioid pain medication.

The VA and Department of Defense released a new clinical practice guideline in 2017 for VA and military doctors that strongly recommends against prescribing opioids for long-term chronic pain, or pain that lasts longer than 90 days.

The new guideline is even more stringent than one released in 2016 by the Centers for Disease Control and Prevention.

The guideline recommends against long-term opioid therapy for patients under the age of 30. It also urges VA and military doctors to taper off or discontinue opioids for patients currently receiving high doses.

Rose says for him that amounts to a life confined to his bed or recliner and the inability to care for his wife, who has cancer and a chronic heart condition.

"Every time I take a breath, it's painful," Rose said. "The VA used us as guinea pigs to come up with that policy."

Rose said he served in Italy, Spain and at Camp Lejeune in North Carolina, including two deployments to the Mediterranean.

During a training exercise involving climbing in Italy, Rose said he fell 60 feet backward down a cliff face into the Mediterranean Sea, suffering injuries to his spine, hips and legs. The injuries eventually resulted in his leaving the service.

Several veterans and others also denied pain medications for health conditions filed letters of support for Rose that describe their own experiences since stricter policies governing opioid prescriptions went into effect.

Carson E. Carter, who served in the Navy and Air Force and then had a career as a licensed therapist with departments of correction in Washington State and Missouri, said he has had two open back surgeries and will be cut off from a less potent type of VA-approved opioid pain medication than Rose received in about 10 days.

"I will have to (get off) myself and step myself down," Carter said. "The (VA doctor) that I saw didn't even ask about about it."

Carter, of Kingsport, believes health care plans should be tailored to the individual.

"All corporations and the federal government have a standard where all treatment plans have to be individualized," he said.

He said the VA's opioid restriction policy is an apparent contradiction. Carter learned of Rose's lawsuit and was one of those who wrote letters of response supporting him that were submitted to McDonough. No testimony was allowed at Tuesday's injunction hearing other than statements presented by Rose and the government.

"They are clearly defending this kind of blanket policy and blanket treatment plan," Carter said. "The main point is there's a disconnect about what the judge knows, what (information) the attorneys present and what's happening with the boots on the street."

Saffles declined comment after the hearing.

Rose said he will continue efforts to curb "legislators with no medical degrees passing laws they know nothing about."

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5.6 - The Cap Times (Video): [Rebuilding: Tomah VA Medical Center works to improve after opioid scandal](#) (18 July, Katelyn Ferral, 20k uvm; Madison, WI)

When Sam Hipp sees political ads rehashing the Tomah Veterans Administration Medical Center's opioid scandal, he gets angry.

The 32-year-old Army veteran served in Iraq in 2009 and recently completed an inpatient substance abuse program there. Ads featuring Tomah's past problems are insulting and inhibit veterans from seeking help, Hipp said.

"Using something in a political race, it's unsavory. It doesn't affect just their campaign, it affects the people's lives that the VA is helping," he said. "It was several years ago and obviously there have been changes since then."

"It's hard to be a veteran and just live your daily life, but it's also hard when you can see political ads that are essentially using you and using your treatment programs, whether it be to mudsling or to promote their own campaign," he said.

Hipp has received treatment at several VA hospitals across the country. Before he came to Tomah, he heard of its reputation as "Candy Land," where doctors were known to over-prescribe painkillers. A 35-year-old Marine Corps veteran, Jason Simcakoski, died of an overdose there, prompting a firestorm of scrutiny and several government investigations.

Yet Hipp said he has had excellent care at Tomah and has stayed in Wisconsin because of it.

Nearly five years after the Tomah VA opioid scandal was outlined in a report published by the Center for Investigative Reporting, patients, veterans groups and federal officials say there has been a turnaround, pointing to data showing a decrease in opioid prescription rates. Where there was a previous culture of fear and retaliation, employee morale has also improved, they say.

Tomah's leadership has been replaced and the facility has been chosen as a model site by the VA for several alternative health programs and therapies. Its Pain University, a series of classes that help veterans understand how pain works and how they can manage it outside of pills, is now being replicated at other VAs.

Issues at the Tomah VA foreshadowed a nationwide opioid epidemic and a public health crisis for states and municipalities, which has taken a central role in political campaigns.

The Cap Times asked to spend a day at the Tomah VA Medical Center in April, and was given access to three Tomah patients and several officials who oversee its operations and medical programs. The hospital does not allow reporters to approach patients on the facility grounds without first getting clearance from the administration.

Tomah has remained a fixture in the state's U.S. Senate races. It was the focus of political ads in the 2016 U.S. Senate race between Ron Johnson and Russ Feingold, each alleging the other didn't do enough to protect veterans. Tomah was featured in the first digital ad of the 2018 Senate campaign, more than a year before voters will go to the polls.

In the ad, released in March 2017, the Republican Party of Wisconsin accused Democratic incumbent Sen. Tammy Baldwin of a “cover-up,” followed by a press release listing a timeline of the issues there.

Since then, Baldwin’s opponents, Republican state Sen. Leah Vukmir and Kevin Nicholson, a business adviser, have not hesitated to hammer the issue. More than \$10 million has been spent by other groups outside of Wisconsin on ads attacking Baldwin’s record, some highlighting her office’s slow reaction to a whistleblower complaint in 2014.

“Senator Baldwin looked the other way when a whistleblower came to her with a complaint that one veteran had lost his life and others’ lives were imperiled by mistakes at the Tomah VA hospital,” said Nicholson, a Marine Corps veteran.

“While Tammy is now running around trying to embrace the heroin and opioid addiction problem, she ignored a major one at the Tomah VA,” said Vukmir, a registered nurse, in a Cap Times story last month. Vukmir and Nicholson will face off in the Aug. 14 primary and the winner will challenge Baldwin.

Baldwin has acknowledged her office failed to act properly after getting complaints about Tomah, firing one staffer and demoting others after she conducted an internal investigation of her office. Senate ethics panels dismissed complaints over the firings and how her office handled the scandal. She said she is now focused on creating legislation that can fix problems and make VA health care better. She developed and worked to pass the bipartisan “Jason’s Law,” named for Simcakoski, that cracks down on the overprescribing of opioids throughout the VA.

“I understand some people want to play politics with our veterans’ health care, but I’m focused on solving problems at the VA,” Baldwin said.

The latest ad of the 2018 campaign featuring Tomah was released by Concerned Veterans for America, a branch of the conservative advocacy group Americans for Prosperity.

“It has been important to us to make sure Wisconsinites remember (Baldwin’s) failure to act urgently with the information she had,” said Luis Cardona, the coalitions director for the group. “We will continue to monitor and speak out on what is happening at VA medical centers such as Tomah until we are able to secure better care and more health care choices for veterans.”

Disabled American Veterans, a national organization that gives free rides to veterans to attend VA hospital appointments, has monitored opioid issues at Tomah since the scandal broke.

The group has worked with members of Congress to craft legislation to reduce opioid usage. It continues to track issues at the Tomah VA by attending town halls and soliciting feedback from its volunteers.

“Some seeking political advantages continue to dwell on the past. Tomah has used its past tragic events to develop a modern, innovative mental health program of high quality for veterans,” said Al Labelle, who has monitored and met with VA officials at Tomah and in D.C. about the scandal. “Simply put, Tomah VA, like the Phoenix, has risen from the ashes.”

When Victoria Brahm became assistant medical director of Tomah in October 2015, it was unclear whether the facility would remain open.

"The culture was toxic. The leadership was gone. There were concerns about the practices, the medication practices, especially with the opioids and benzodiazepines," said Brahm, who has worked in the VA system for more than 37 years and became medical director of the Tomah VA in 2017. "There were concerns about stabilizing the staffing because we had lost a lot of employees who walked out because they weren't even sure if the Tomah VA would survive. The change had to happen."

Heading into a second election cycle where Tomah has been used as a political test for a candidate's concern for veterans, Brahm acknowledges Tomah, as a government-run hospital, is inherently political.

"It is what it is," she said. "Growing up in the VA system, I know we are of a political nature. We are of a federal nature. Knowing that, there is no use complaining about it, we need to roll with it."

"This stuff we know, it happened. We admitted it. We dealt with it. It's way better, so I guess my frustration or my goal is to make sure the new stuff is getting out."

Before leading Tomah, Brahm was chief nursing officer for the VA's Integrated Services Networks, or VISN, which works with hospitals across the VA system. At VISN Brahm monitored and followed up on elevated opiate prescriptions at Tomah and worked with nurses to help maintain staffing levels.

Turnover at the facility is now at 5.5 percent. That's nearly double the federal VA benchmark of 2.4 percent, but down from 13.9 percent in 2015.

Her approach to dealing with the stigma of the facility's past is to fortify the processes that work and discard the ones that do not, she said.

"There is a whole other side to these things and sometimes I think it's a matter of the public not understanding. I'd like to say our data can speak for itself. Our veterans can speak for themselves. Are we perfect? No, we're not perfect. We're striving for excellence ... we will continually look for ways to improve and when we find those areas we need to improve on, we will do it."

She cited the facility's issues last year with a dentist who was using unsterilized tools. A VA Inspector General report released in September 2017 confirmed the practice and found that VA staff failed to report the dentist to hospital administration.

Brahm suspended the dentist, who later resigned, and offered dental screenings to nearly 600 patients to ensure none got sick because of the unsterilized tools.

"I think transparency is the key," she said. "I just keep focused and if I get questioned I try to just be right out there and tell the truth, 'Yep things have happened. Yep, we had a dentist that didn't do the right thing. Our patients are safe to receive dental care again.' That's all we can do and we hope we can rebuild the trust for the veterans that have lost it."

Wait times at Tomah and at other VAs has also been a source of contention, but officials at Tomah say they are pleased with where wait times are for most primary care services. They monitor and rectify instances where wait-times are longer than 30 days for non-emergency services, according to the facility.

Tomah is one of 18 VA hospitals nationwide to host a “Whole Health” program, offering veterans a range of alternative therapy treatments including battlefield acupuncture, healing touch, yoga and aromatherapy to address pain. Mental health and addiction treatment are also provided.

A 10,000-square foot Whole Health Wellness Center is set to open in December and Tomah has realigned some staff and is hiring more, aiming to allocate 13 staff members to the program.

Tomah also offers classes through the Pain University curriculum it developed. Pain University teaches veterans about chronic pain and how they can manage it more effectively, with less dependence on a narcotic painkiller.

The program, started in May 2016, came after physical therapists at Tomah said they kept seeing patients with chronic pain who could not find relief.

“The thought is that the education portion is the therapy,” said Bradley Schaack, who has been a physical therapist at Tomah since 2010 and teaches Pain University classes. “If you can understand how (pain) works in your body, how your body produces pain, that’s going to give you more tools to help treat it.”

Elements of Pain University are now used at 12 other VA facilities. The 25 classes at Tomah cover a variety of topics, including ones on understanding endorphins, opioids and the physiology of pain. It was recognized last year in the VA’s “Diffusion of Excellence Initiative,” which aims to spread innovative programs and best practices across VAs. More than 200 patients have graduated from the program, according to the VA.

It has been a paradigm shift for patients as well as medical providers at Tomah, said Kristin Eneberg-Boldon, rehabilitation manager at Tomah who helped develop Pain University.

“It’s not just one type of treatment but we’re really changing how we do things,” she said. “We tended to work in silos years ago and it’s really coming together now.”

According to the facility, it has reduced the number of veterans prescribed a benzodiazepine, a type of psychoactive drug used to treat anxiety and seizures, by 58 percent. The number of patients receiving an opioid for pain has decreased by 41 percent.

Battlefield acupuncture is one therapy growing in popularity. It involves placing small, retractable needles in five points on a patient’s ear. The needles relieve pain by suppressing the transmission of it throughout the body and releasing chemicals to reduce feelings of pain. The theory is that the ear is a microcosm of the whole body.

For Frank Smith, 62, a Marine Corps veteran, it is the only therapy that has consistently worked, giving him the longest relief from his chronic back pain. He said he was nervous at first to try it, but said his pain is down overall and his energy is up.

He now tries to make an appointment every few weeks.

"My pain is going down right now as she's doing it," he said, as Dr. Katherine Pica placed needles in his ear. "She knows exactly the right points to hit."

Another of Tomah's major initiatives is outreach: trying to get veterans who are former patients to come back, and to reach other veterans who may need treatment. Brahm meets with Congressional representatives to update them on Tomah quarterly, and she holds regular in-person and telephone town halls where veterans and community members can ask questions.

"We hope we can rebuild the trust for the veterans that have lost it," she said.

Federal VA officials affirm that Tomah has made significant strides over the last four years.

"Under the leadership of Victoria Brahm, the Tomah VA Medical Center has made an incredible turnaround and has led the charge to provide non-pharmacological pain relief and Whole Health services to veterans. Because of this, veterans are receiving pain relief through a number of non-pharmacological therapies, including aquatic therapy, battlefield acupuncture, yoga and tai chi," said Dr. Carolyn Clancy, the executive in charge of the Veterans Health Administration, who also led the Inspector General's investigation of the facility in 2015.

Clancy said she is pleased with Tomah's progress in morale and workforce culture, too, noting that the registered nurse turnover rate has decreased by 63 percent.

"Tomah leadership has worked hard to make positive changes at the facility, and the staff's hard work has been central to the facility's accomplishments," she said in an email.

Jake Leinenkugel, who ran Jacob Leinenkugel Brewing Co. in Chippewa Falls for 25 years before retiring in 2015, was appointed senior White House advisor to the U.S. Department of Veterans Affairs by President Donald Trump last year. He has been getting to know Brahm and other staff members at Tomah over the last 18 months and calls Brahm "a true change agent," he said in an email.

"She has done an incredible job bringing in a diverse and energetic group of leaders to make this happen. She is inclusive, driven and completely focused on veterans' access to quality care and their whole health spectrum," he said.

"It shows that a medical center can make a 180-degree turnaround with the right leadership," Leinenkugel said.

The facility has also started a new partnership with the Mayo Clinic to serve veterans with specialty care needs. Mayo will see Tomah VA patients if a service that is needed is not available there, said Rick Thiesse, a spokesman for Mayo Clinic Health System Franciscan Healthcare. The Tomah VA is the only VA hospital that Mayo has this contract with.

"This pilot agreement ... provides an innovative path for eligible patients to seek care through the MCHS southwest Wisconsin practice. The agreement is still in its early stages and will be evaluated as we gain more experience in the partnership, but we hope that this is a model that could offer a longstanding solution to the needs of local veterans," Thiesse said.

Another veteran enrolled at an inpatient program at Tomah said he has been pleased with his care at the facility, noting that it is superior to how he's been treated at other VA facilities in Wisconsin and across the country.

Kristopher Heimerl, 30, is an Army veteran who served in Iraq from 2008-09. He came to Tomah in 2016 seeking help for several health issues related to his service, including post-traumatic stress disorder.

He said though he has had poor experiences at other VA hospitals, dealing with apathetic and unresponsive staff, the Tomah VA has changed his life as and become his safe haven. He completed the inpatient PTSD program twice and is currently in a substance abuse treatment program.

"I can't even count the number of times I was about to wrap a rope around my neck and I called the VA and I got help," he said. "Unfortunately, because of the stigma that the VA has... a lot of vets, they don't want to come to the VA. They don't want to get help."

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Wall Street Journal: [Opinion - A GI Bill Wrong From the Pentagon, Benefit restrictions that kick in after 16 years of service.](#) (18 July, Maria Biery, 43.6M uvm; New York, NY)

Donald Trump promised in his victory speech that he would "finally take care of our great veterans." He took a step in the right direction last year by signing the Forever GI Bill, which lifts the time limit on veterans' educational benefits and makes it easier to transfer benefits to dependents. But the Defense Department took a step in the wrong direction last week, prohibiting members of the armed forces who have been in the service for more than 16 years from transferring their GI Bill benefits to dependents.

The new rule is meant "to more closely align the transferability benefit with its purpose as a recruiting and retention incentive," the Pentagon explained in a statement. The idea is that people who've served for 16 years have already shown a propensity to stay and therefore don't need an incentive.

After six years of service, members can transfer their GI Bill benefits to a spouse or child—under the condition that they commit to serve at least four more years. After 10 years, service members can still cash in on the benefit, subject to the requirement only that they "serve for the maximum amount of time allowed by such policy or statute"—which can be less than four years. Transfers must be submitted while one is still in active-duty service.

Advocates of the Forever GI Bill aren't happy with the 16-year cutoff. "We understand the minimum time-in-service for transferability eligibility, and that makes sense from a retention

perspective," said Joe Plenzler of the American Legion. "But the 16-year transfer-or-lose rule makes no sense to us . . . and disadvantages the veteran when it comes to the full use of this earned benefit."

Pentagon spokeswoman Jessica Maxwell said in an email that "with these updates, the department addresses the intent of Congress and ensures the benefit is available for future service members." She added that the decision will affect only 9% of those on active-duty service—but if the effect is so small, why is the change necessary?

The six-year minimum requirement to receive the transferability benefit remains intact, and therefore so does the retention incentive to serve longer in the military. Why should those that have proved their commitment be penalized with limits on their benefits?

Ms. Biery is a Robert L. Bartley Fellow at the Journal.

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7.2 - Military Times (Reboot Camp): VA behind schedule on implementing GI Bill changes (18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

Some veterans using Post-9/11 GI Bill benefits to attend school this fall could get an inaccurate housing stipend early in the semester.

That's because the Veterans Affairs Department is behind schedule on implementing aspects of the Forever GI Bill, signed into law last year, that relate to how veterans' housing stipends should be calculated.

But VA promises that it will reimburse GI Bill users for any underpayments that result — and let them pocket overpayments.

VA officials told members of Congress Wednesday that though these provisions were supposed to go into effect Aug. 1, the department missed its July 16 deadline to have the technology systems ready and has pushed back its target date to the middle of August.

In the meantime, school certifying officials have been instructed to process students' records under the old rules, which calculate housing stipends based on the location of the school's main campus. On Aug. 1, that was supposed to change to the location of the campus where a student takes the most classes, so some students could be under or overpaid on their first check.

The VA will correct underpayments as soon as possible, and veterans who are overpaid because of this issue will not be required to pay that money back to the VA, said retired Gen. Robert Worley, head of VA's education service.

"We're doing everything we can to make this a smooth and seamless rollout," he said, assuring members of Congress that staff members are working overtime and that there is "progress being made daily."

He said the VA pays about 500,000 GI Bill beneficiaries each fall and is on schedule to meet the Aug. 1 deadline on several other provisions, including one that provides the full 36 months of GI

Bill benefits to Purple Heart recipients, regardless of how long they served in the military, and another calculating reservists' time on active duty.

"All of that — it hasn't been easy, but it's gone very well," Worley said. "We have the data in place that we need for (Aug. 1) and we're ready to go."

Another Forever GI Bill provision that will be ready come the first of the month is the expansion of the Yellow Ribbon program to include surviving family members using the Fry Scholarship. Yellow Ribbon is an agreement schools can enter into with VA to supplement students' costs not covered by the GI Bill.

"The timely delivery of education benefits to our chapter members is SVA's highest concern, especially as the fall semester nears," Lauren Augustine, vice president of government affairs at Student Veterans of America, said in an email. She said that while SVA appreciates the steps that the VA has taken to make stakeholders aware of the issue and to ensure the Forever GI Bill is administered both efficiently and effectively, the technology challenges are concerning.

SVA and other organizations have lobbied for a new division at the VA focused specifically on economic opportunity that would focus on veteran transition-related issues, including education benefits, and Augustine said this is another example of why this is needed.

"We will continue to work closely with (Veterans Benefits Administration) leadership and Congress to ensure the Forever GI Bill achieves its full impact and support VBA through their proactive communication with schools, student veterans, and advocates as this issue is resolved," she said.

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7.3 - Military Times (Reboot Camp): New GI Bill transfer restrictions: 7 things you need to know (18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

The Pentagon's new rules on transferring GI Bill benefits to dependents, announced last week, have created a lot of concern and confusion among service members, veterans and military families.

Will you still be able to transfer your benefits? What if your toddler won't be old enough for college by the time you hit the new time-in-service limit? What effect will this have if you've already transferred your benefits?

If you've been struggling with questions on the new rules, we've got you covered.

1. What changes have already taken effect?

VA behind schedule on implementing GI Bill changes

As TA use drops, could recent policy changes get more service members using the education benefit?

The Defense Department requires service members to commit to serve an additional four years in the military in order to transfer GI Bill benefits to a dependent. Prior to last week's policy

change, that requirement could be waived in some cases if it wasn't possible for a service member to serve another four years.

The new policy ends such exceptions, meaning that regardless of what branch of the military you serve in, if you can't commit to another four years for any reason, you can't put in for a GI Bill transfer. Though there's been some confusion about whether this aspect of the policy change applies immediately to members of all service branches, this change is, indeed, currently in effect across DoD.

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"If there are reasons that preclude a service member from committing to four years of service, that service member cannot sign up to transfer their benefits," a DoD fact sheet on the policy said, listing this as one of the changes that "go into effect immediately."

2. How long must I serve to be able to transfer my GI Bill?

Previously, DoD required troops to have served at least 6 years in order to request a GI Bill transfer. That requirement remains, and the Pentagon's new policy will also require that service members not have served more than 16 years. So you'll need between six and 16 years in uniform.

It's important to note that because the 16-year cap doesn't go into effect until July 12, 2019, service members who have been in longer than that have a year to transfer their GI Bill benefits — as long as they can still commit to serving four more years. So, if you've been in for 20 years and can commit to 24, make sure you take advantage of this before time's up.

3. I've already transferred my GI Bill benefits. Does this rule change affect me?

No, you're safe. The policy change will not affect service members who have already transferred their GI Bill benefits, according to Jessica Maxwell, a DoD spokeswoman.

4. If I transfer my benefits now, can I make changes later on?

Yes, you can. If you want to add another child to your list of beneficiaries or divvy things up between your dependents a little differently, you can do that even if you've been in the service for more than 16 years.

5. Does my kid have to be old enough to use the GI Bill by the time I hit 16 years?

A dependent child must be 18 or younger when the GI Bill benefits are transferred to them -- or under 23 in special cases for approved programs, Maxwell said. To use the GI Bill, the dependent must be 18 or a high school graduate.

So in other words, you can go ahead and transfer the GI Bill to your 2 year old without a worry. They just won't be able to use it until they're of age.

6. I'm in the Coast Guard. Do these changes apply to me?

Even though the Coast Guard is under the Department of Homeland Security and not DoD, the same changes apply.

7. I want to transfer my GI Bill benefits. How do I get started?

Log onto DMDC milConnect. At the top of the page, you'll see a section labeled, "I want to." Click on the "Transfer my education benefits" option and go from there.

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7.4 - Los Angeles Daily News (City News Service): [LA soldier killed in World War II to be buried at Riverside National Cemetery](#) (18 July, 886k uvm; Los Angeles, CA)

Funeral services will be held this week for a U.S. Army staff sergeant and Los Angeles native who was killed during World War II but whose remains were not identified until earlier this year.

Staff Sgt. David Rosenkrantz, 28, was killed Sept. 28, 1944, while on a mission to disrupt German defensive lines in the Netherlands. His platoon was occupying a farm near the town of Groesbeek when they were overrun by the German infantry.

Rosenkrantz and other paratroopers tried to hide behind trees and buildings, but when he rose from his position, "enemy gunfire erupted and Rosenkrantz was killed," according to the Defense POW/MIA Accounting Agency. "Due to enemy fire and the proximity to enemy troops, Rosenkrantz's remains could not be recovered."

According to the agency, the remains of service members killed in the area were later collected by a Canadian team, and several that could not be identified were buried as unknown soldiers in cemeteries around Europe. A separate team in the area subsequently found Rosenkrantz's ID tags.

Last year, DPAA researchers traced his remains to the Netherlands American Cemetery. His remains were exhumed last June and teams were able to eventually confirm their identity through DNA analysis, according to DPAA.

Rosenkrantz is scheduled to be buried with full military honors at noon Friday at Riverside National Cemetery. According to the Fields of Honor Database, Rosenkrantz had four brothers, all of whom served in World War II and all of whom are also buried at Riverside National Cemetery.

Gov. Jerry Brown issued a statement Tuesday honoring Rosenkrantz and saying flags would be flown at half-staff over the State Capitol.

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7.5 - Government Executive: [Expanded Job Training for Vets, GI Bill Changes and More](#) (18 July, Erich Wagner, 870k uvm; Washington, DC)

The House Veterans' Affairs Committee last week voted to advance several measures that would expand benefits for veteran military personnel and reservists.

The Reserve Component Vocational Rehabilitation Parity Act (H.R. 5538), introduced by Rep. Scott Peters, D-Calif., would expand eligibility for vocational rehabilitation and employment

programs to reservists called into active service under involuntary deployment orders to the site of a national emergency or for pre-planned combat support missions.

Currently, such deployments, which occur under 12404(a) or 12304(b) orders, do not count toward reservists' and guardsmen's time of service. Last year, Congress approved a broad expansion of the GI Bill that included closing a similar loophole for other educational benefits.

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"Our guardsmen and reservists serve honorably in support of combat missions," Peters said in a statement. "They have earned the same employment and education benefits as any other reservist through their service, regardless of the authority under which they were deployed."

The committee also approved the Gold Star Spouses Leasing Relief Act (H.R. 5882), introduced by Reps. Cheri Bustos, D-Ill., and Brad Wenstrup, R-Ohio, which would allow military spouses to break long-term rental agreements without penalty in the event of a service member's death.

The bill would expand to Gold Star spouses existing protections allowing active duty military personnel to break home or apartment rental agreements, car leases and cell phone contracts, which often are paired with expensive cancellation fees, when they are deployed or relocated.

"The families of our fallen heroes have already sacrificed far too much, and we should do everything in our power to ensure grieving spouses are able to do what they need to do to support their families," Bustos said in a statement.

The Defense Department last week also announced changes to how the Pentagon will handle GI Bill eligibility transfers from military personnel to family members. Effective July 2019, only service members with at least six years of service, but less than 16 years of total service will be eligible to transfer their GI Bill benefits to family members. Currently, service members are only required to have at least six years of service to transfer their GI Bill eligibility to their kin.

Department officials said in a statement that the change is intended to improve retention of service members.

"After a thorough review of the policy, we saw a need to focus on retention in a time of increased growth of the Armed Forces," said Stephanie Miller, director of accessions policy in the Office of the Secretary of Defense. "This change continues to allow career service members that earned this benefit to share it with their family members while they continue to serve . . . This change is an important step to preserve the distinction of transferability as a retention incentive."

The Pentagon said the changes will not apply to service members who fail to fulfill a service obligation because of a "force shaping" event, and benefits transfers still will require a four-year commitment in the Armed Services. A service member must be eligible to be retained for four years from the date of the transfer.

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8. Mr. Wilkie nomination for VA Secretary

9. Other

9.1 - KYTV (NBC-3, Video): [Patient arrested after making threats to VA Clinic in Mount Vernon, Mo.](#) (18 July, Linda Russell, 818k uvm; Springfield, MO)

A man is in custody after police say he threatened workers at the Veterans Affairs Clinic in Mount Vernon, Mo.

FBI agents arrested Richard Leslie Turner, 48, in the 200 block of East Kearney in Springfield Tuesday night without incident. He faces a charge of making a terroristic threat. A judge held him without bond.

Police put the clinic on lockdown Tuesday after a threatening call was made to a doctor. Mount Vernon Police Chief Dave Hubert says the same person, a patient at the VA, made a threat on Friday. Investigators say the man was in the building and threatened to blow up the place. Then, Mount Vernon police evacuated the building for about an hour while officers searched.

"He didn't take any overt action, but he was persistent in his threats, so we took action," said Chief Hubert.

Chief Hubert says the FBI kept surveillance on the suspect after the first threat.

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Veterans Affairs Media Summary and News Clips

19 July 2018

1. [Top Stories](#)

1.1 - Washington Post: [Trump loyalists at VA shuffling, purging employees before new secretary takes over](#) (18 July, Lisa Rein, 43.9M uvm; Washington, DC)

Ahead of Robert Wilkie's likely confirmation to lead the Department of Veterans Affairs, Trump loyalists at the agency are taking aggressive steps to purge or reassign staff members perceived to be disloyal to President Trump and his agenda for veterans, according to multiple people familiar with the moves.

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1.2 - FOX News (Video): [Burn pit veterans share their stories of struggle after falling ill](#)

(18 July, Perry Chiaramonte, 32.5M uvm; New York, NY)

Scores of U.S. military veterans put their lives in certain danger countless times in places like Iraq and Afghanistan. They were on the frontlines of battle, but their struggle didn't end when they returned home. Tens of thousands of veterans believe their health has been compromised by the polluting smoke expelled from burn pits on their bases. In these pits, all manner of trash, medical waste, and industrial chemicals were set ablaze for disposal.

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1.3 - New York Times: [Critics of Trump's Veterans Affairs Dept. Raise Concerns About Departures](#) (19 July, Jacey Fortin, 30M uvm; New York, NY)

Amid high-level turnover at the United States Department of Veterans Affairs, Trump administration critics are expressing alarm over whether politics is playing a role in the recent wave of removals, reassignments and retirements. The department is currently run by Acting Secretary Peter O'Rourke and has been without a Senate-confirmed leader for months. Robert Wilkie, a former acting secretary who also served as the under secretary of defense for personnel and readiness...

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1.4 - CNN: [Washington Post: Trump loyalists reassign, remove VA employees](#) (18 July,

Juana Summers, 29.8M uvm; Atlanta, GA)

Staffers at the Department of Veterans Affairs loyal to President Donald Trump have reassigned or removed staffers perceived as disloyal to the President and his agenda for veterans, people familiar with the actions told The Washington Post. The Post reported that the transfers include more than a dozen career civil servants in leadership positions at the VA's headquarters, who were given lower-visibility roles. The staffers say they were given no reasons for the changes, according to The Washington Post.

[Hyperlink to Above](#)

1.5 - Military Times: [Report: VA paid for thousands of unneeded medical exams for disabled veterans](#) (18 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials are on track to waste more than \$100 million over the next five years on tens of thousands of unnecessary medical exams for disabled veterans, according a report out this week from the department's watchdog. The VA Inspector General's findings are based

off a sampling of re-examination cases last year that indicated department officials may have requested unneeded medical check-ups in 37 percent of benefits cases.

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1.6 - Stars and Stripes: [Delayed 'Forever' GI Bill is poised for August launch](#) (18 July, Claudia Grisales, 1.5M uvm; Washington, DC)

A major expansion of veterans' education benefits — a protracted process beset by communication and information technology challenges — is finally on track to launch next month, Department of Veterans Affairs officials testified Wednesday before a House committee panel. Last year, the VA said it would hire 200 temporary workers and shell out \$70 million to implement the "Forever" GI bill, which contains 34 changes to veterans' education benefits and boosts spending by \$3 billion for 10 years.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KIVI (ABC-6, Video): [New cath lab for Idaho veterans opens](#) (18 July, Jessica Taylor, 156k uvm; Nampa, ID)

Veterans in Idaho with heart concerns are getting access to a new facility designed to serve their needs closer to home. The new cardiac cath lab at the VA Medical Center in Boise expects to treat more than 400 veterans in Idaho every year.

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4. [Focus Resources More Efficiently](#)

4.1 - Talking Points Memo: [Report: VA Purging, Reassigning Career Employees Suspected Of Disloyalty](#) (18 July, Alice Ollstein, 11.8M uvm; New York, NY)

The Department of Veterans Affairs is carrying out politically motivated reassignments of career staffers ahead of the confirmation of Trump-appointed Secretary Robert Wilkie, the Washington Post reported Wednesday, demoting more than a dozen long-serving officials because of their perceived political loyalties. The reassigned workers said they were not given a reason for the move, and others at the department told the Post that they fear the troubled agency will lose institutional knowledge.

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4.2 - Vox: [Trump loyalists may be purging career officials at the VA, Some of the employees supporting the VA secretary have more than 20 years of experience.](#) (18 July, Alex Ward, 10.6M uvm; Washington, DC)

More than a dozen employees in high-level positions at the Department of Veterans Affairs have recently been reassigned to lower-level positions — and a new report says it's part of a purge by President Donald Trump's loyalists. According to the Washington Post, acting VA Secretary Peter O'Rourke and a small team of Trump political appointees are reshuffling staffers they

perceive to be disloyal to Trump and his agenda for the VA, which is responsible for providing health care and other federal benefits to US military veterans.

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4.3 - Washington Examiner: [VA cleaning house of Trump haters: Report](#) (18 July, Diana Stancy Correll, 4.8M uvm; Washington, DC)

Trump allies at the Department of Veterans Affairs have begun an effort to oust or transfer officials at the agency who appear to be disloyal to President Trump, according to a new report. The reassignment effort is being spearheaded by several political appointees under acting Secretary Peter O'Rourke, and includes reorganization of more than 12 civil servants from the leadership suite at VA to lower-profile positions, the Washington Post reports.

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4.4 - Kansas City Star: [Kansas doctor loses license for sexual relationship with patient who overdosed](#) (18 July, Andy Marso, 4.8M uvm; Kansas City, MO)

The Kansas medical board has revoked the license of an Emporia doctor for having a sexual relationship with a vulnerable patient who tried to commit suicide using pills he prescribed her. The doctor, Chester W. Stone, remains licensed to practice in Missouri and previously worked at the Kansas City VA Medical Center.

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4.5 - Fayetteville Observer: [New Fayetteville VA Medical Center director attends first local town hall](#) (18 July, Rachael Riley, 439k uvm; Fayetteville, NC)

Area veterans and residents attended the first town hall meeting under new leadership Wednesday night at the Fayetteville Veterans Affairs Medical Center. James Laterza, who retired from the Army last summer, was appointed as the center's director in March. During the quarterly town hall, Laterza highlighted goals for the Fayetteville-area VA, areas that have shown improvement and areas that need improvement.

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4.6 - New American: [VA Whistleblowers Claim Harassment and Retaliation](#) (18 July, Raven Clabough, 339k uvm; Appleton, WI)

Two whistleblowers are claiming that they were virtually run out of a Veterans Affairs hospital in Jennings, Louisiana, after they reported widespread corruption, the Daily Caller reports. The VA dominated the news cycle years ago after reports that a Phoenix facility had been altering its scheduling books and that at least 40 veterans...

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4.7 - Healthcare DIVE: [Veterans Health Administration shifts leadership](#) (18 July, Tony Abraham, 157k uvm; Washington, DC)

Peter O'Rourke, who's sitting in as acting VA secretary while the Senate works to confirm Wilkie's nomination, signaled to reporters during the Stone announcement that decisions will soon be made on leadership positions within VA. Stone is reported to be on the list of candidates being considered to lead VHA as undersecretary for health. In the time since the position has been vacant, Shulkin has been fired...

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4.8 - KMA (W1-960): [Shen CBOC process outlined at V-A town hall](#) (19 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Plans for a new Community Based Outpatient Clinic were among the many topics discussed at a special meeting in Shenandoah Wednesday night. Veterans from all over KMAland packed the Shenandoah Elks Lodge for a veterans town hall meeting sponsored by the Veterans Administration's Nebraska-Western Iowa Health System. Julie Rickert, associate director of operations for the V-A's Omaha office...

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4.9 - Register-Herald: [VA Medical Center looking for volunteers Yost encourages people to get involved for the rewarding feeling of helping those in need](#) (18 July, Rebecca Rhudy, 77k uvm; Beckley, WV)

The Beckley Veterans' Administration (VA) Medical Center is looking for new volunteers. Cheryl Yost, chief of voluntary service, said volunteers play a vital role in the VA team, and that it is not only special for those they are serving but also a rewarding experience for the volunteers.

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4.10 - FEDweek: [Split Remains on Special VA Disciplinary Policies](#) (18 July, 51k uvm; Glen Allen, VA)

A year after enactment of a law revamping disciplinary policies at the VA there was consensus at a House hearing that the department has been taking more disciplinary actions since the law's enactment, but not on whether the law has been a success. VA statistics show that the rate of major discipline – including firings, demotions and suspensions of 14 days or more – has nearly doubled.

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5. [Improve Timeliness of Service](#)

5.1 - Healio: [Study: Short supply of centers impacts transplant rates for veterans](#) (18 July, Mark E. Neumann, 581k uvm; Thorofare, NJ)

"After successful listing, [Veterans Administration] VA kidney transplant candidates appear to have persistent barriers to transplant," wrote Joshua J. Augustine, MD, and colleagues from the Cleveland Clinic, Case Western University School of Medicine, the Louis Stokes Veterans Administration Hospital and the Populations Health Research in Cleveland. "Further contemporary analyses are needed to account for variables that contribute to such differential transplant rates."

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5.2 - Healio: [Veterans Health Administration dialysis providers linked with lower mortality rates, increased hospitalization rates](#) (18 July, 581k uvm; Thorofare, NJ)

Veterans who initiated dialysis with a Veterans Health Administration dialysis provider appeared to have lower mortality rates, but experienced increased hospitalization rates compared to veterans who initiated dialysis at non-Veteran Health Administration facilities, according to research appearing in the Clinical Journal of the American Society of Nephrology.

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5.3 - WVEC (ABC-13, Video): [Veterans Affairs nursing homes with low ratings in Hampton Roads, Documents from our partners at USA TODAY show patients in more than two-thirds of VA nursing homes were more likely to have bed sores and pain, compared to private nursing homes.](#) (18 July, Megan Shinn, 607k uvm; Norfolk, VA)

For the first time, the Veterans Affairs is making its annual nursing home ratings public. The House Veterans Affairs Committee is investigating 133 VA nursing homes. The investigation comes after the committee learned the VA gave almost half of its nursing homes the lowest possible score in internal rankings.

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5.4 - Berkshire Eagle: [A Marine Corps vet's mission: Getting to bottom of VA care mishap](#) (18 July, Ben Garver, 191k uvm; Pittsfield, MA)

Bruce A. Deloye's return to a veterans hospital comes after a yearlong fight to get to the bottom of a bad experience he says he suffered during a dental cleaning last August — a matter that's now one element, however small, in an ongoing federal probe of the quality of care delivered to veterans like Deloye in Western Massachusetts.

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5.5 - Greenville Sun: [Ahead Of Trial, Judge Upholds VA Policy](#) (18 July, Ken Little, 70k uvm; Greenville, TN)

Robert D. Rose Jr. implored a federal judge Tuesday to consider the plight of military veterans denied relief from chronic pain by the Department of Veterans Affairs as a result of recent VA policies drastically limiting the amount and type of opioid-based pain medications prescribed for treatment.

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5.6 - The Cap Times (Video): [Rebuilding: Tomah VA Medical Center works to improve after opioid scandal](#) (18 July, Katelyn Ferral, 20k uvm; Madison, WI)

Nearly five years after the Tomah VA opioid scandal was outlined in a report published by the Center for Investigative Reporting, patients, veterans groups and federal officials say there has been a turnaround, pointing to data showing a decrease in opioid prescription rates. Where there was a previous culture of fear and retaliation, employee morale has also improved, they say.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

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The transfers include more than a dozen career civil servants who have been moved from the leadership suite at VA headquarters and reassigned to lower-visibility roles. The employees served agency leaders, some dating back more than two decades, in crucial support roles that help a new secretary.

None said they were given reasons for their reassignments.

The moves are being carried out by a small cadre of political appointees led by Acting Secretary Peter O'Rourke who have consolidated power in the four months since they helped oust Secretary David Shulkin.

The reshuffling marks a new stage in a long estrangement between civil servants and Trump loyalists at VA, where staff upheaval and sinking morale threatens to derail service to one of the president's key constituencies, according to current and former employees.

Among those reassigned is an experienced scheduler whom Wilkie told colleagues he wanted to work for him once he is confirmed by the Senate, according to former and current employees.

Other career senior executives with institutional knowledge of VA's troubled benefits operation also have been sidelined, some to other cities, according to multiple people who spoke on the condition of anonymity because of the issue's sensitivity. A high-ranking executive appointed during the Obama administration to a six-year term quit last week after clashing with Trump aides. Even some Trump appointees have been pushed out for challenging the leadership group.

VA officials say the reassignments will help their efforts to improve the agency's overall culture and performance. Still, it is highly unusual for a leader in an acting, caretaker role — which began for O'Rourke on May 30 — to make such significant changes before a permanent leader arrives.

"Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to Veterans," spokesman Curt Cashour said in an email. Wilkie, according to Cashour and a spokeswoman for the nominee, has had no hand in the changes as he awaits Senate confirmation.

Current and former employees — and now alarmed members of Congress — call the reshuffling a loyalty purge that is targeting the alleged political sympathies of civil servants whose jobs are, by definition, nonpartisan.

"These are people who served multiple administrations," said one employee who was moved, "but they only want them to serve the Trump administration. You can't run a department like that."

At a House hearing Tuesday, a visibly irritated Rep. Elizabeth Esty (D-Conn.) pressed O'Rourke to explain why he has "removed, demoted or reassigned" a "significant number of career employees."

O'Rourke called his actions "well-planned and designed moves" to improve "efficiency and effectiveness." He acknowledged that the changes were not the result of poor performance.

He said he is encouraging other VA leaders to follow suit.

Esty countered that she suspects "loyalty concerns" are behind the transfers.

"To be clearing out that many people during the time of an acting secretary is disturbing," she said. "You're going to lose institutional knowledge."

Presidential loyalty also has been a factor in staff changes at other agencies. The State Department sidelined or pushed out dozens of career diplomats who questioned the agency's diminished role in the Trump administration.

Interior Secretary Ryan Zinke reassigned dozens of senior executives in two shuffles. Critics said the mass transfers amounted to retaliation against career staff members who spoke out against his policies, and Zinke said publicly that he has "30 percent of the crew that's not loyal to the flag."

The VA moves come at an agency Trump has called a top priority. A bright spot early in the administration, VA in recent months has lost dozens of senior leaders who were pushed out or quit in alarm at the chaos in a long bipartisan corner of the government.

O'Rourke, a Trump campaign staff member who served as VA's chief of staff and led a new office designed to protect whistleblowers, was appointed acting secretary after Wilkie, who had served in the role after Shulkin's firing and the failed nomination of White House physician Ronny L. Jackson, won the nod for permanent secretary. Wilkie returned to his job as head of military personnel at the Defense Department to await confirmation.

"Any decisions made following Mr. Wilkie's departure as acting [secretary] were made by the current VA leadership and Mr. Wilkie was not aware, nor a part of those decisions," Wilkie spokeswoman Carla Gleason said in an email.

A Navy and Air Force veteran, O'Rourke has shown a willingness to exert power in his caretaker role. With his framed photograph now hanging in VA headquarters, he consults regularly with Trump political appointees, excluding career senior leaders from some meetings.

He quickly drew criticism from both parties on Capitol Hill for an ongoing dispute with VA's inspector general, who is seeking records for an investigation of the whistleblower office. The Senate intervened, voting unanimously in June to tell O'Rourke that he does not have the right to block the watchdog's efforts.

Mid-level employees who worked for years in VA's seat of power supporting secretaries and their deputies were called in by O'Rourke's staff, where they were informed of their departures, according to multiple employees.

One was told she needed to find another job in the agency but was not offered one.

Another, Debi Bevins, whose role as director of client relations ensures that emails and phone calls to the secretary's office receive responses, was moved to another department doing the same job — but she no longer has direct access to the secretary.

Tonia Bock, executive secretary to the agency, and her deputy, Jennifer Jessup, who had access to sensitive correspondence with Congress, also were moved.

A VA official said Bock's office "had struggled with tracking and responding to congressional inquiries accurately and in a timely fashion."

A well-regarded staff assistant hired during the Obama administration as a political appointee was fired. Some aides were reassigned from the office of Thomas Bowman, the agency's second-in-command, who was pushed to retire in June after falling from favor at the end of Shulkin's tenure.

The shake-up is now reaching another top Trump appointee, the assistant secretary for operations, security and preparedness, who refused to sign a resignation letter that O'Rourke's team gave him after clashing with them and is now negotiating his departure.

Don Loren, a retired Navy rear admiral, had questioned the group's management style. He also refused to suspend normal security protocol to allow O'Rourke's wife to bypass building security at VA headquarters, according to someone with knowledge of the matter. He denied a request to move up O'Rourke in the line of succession behind the deputy secretary, this person said. Cashour denied that these events took place.

He called Loren a "valuable member of our team" with "exemplary" job performance who is leaving because of changes to his current position, which is being downgraded to a director.

A senior VA official called Katherine Pham, the scheduler whom Wilkie liked, "a valued member of the VA team" who had sought a new position.

At the Veterans Benefits Administration, which has struggled for years to speed up its processing of disability claims, a new team of appointees in charge has transferred at least half a dozen senior career staff members to less prominent roles, some in other cities.

The culled leadership positions appear to be part of a restructuring designed to streamline the department, according to an internal memo obtained by disabledveterans.org.

The small Center for Women Veterans has been a flash point for loyalty questions. Director Kayla Williams quit last week to take another job after clashes with the Trump administration about making the agency's mission statement more gender neutral.

"As both a veteran and the spouse of a 100 percent disabled combat-wounded veteran, I was deeply committed to the VA mission of serving all veterans," Williams said.

However, a civil servant on her staff, Danielle Corazza, was fired after sending a tweet from the center's account that praised the large number of female veterans running for office this year. The tweet linked to an article showing that most are Democrats.

VA officials said Corazza sent multiple tweets from the account that tracked other campaign successes of female veterans who are Democrats.

The senior VA official said the Center for Women Veterans "was recently involved in repeated, clear and unequivocal violations of the Hatch Act" and as a result the agency "is implementing staffing changes" there.

Corazza said she never received training in the law, which prohibits federal employees from engaging in partisan political activity while on duty. "My training was to post about female veterans, which I did," she said.

Several high-level White House staff members also have been found in violation of the Hatch Act, although none appear to have been punished.

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1.2 - FOX News (Video): [Burn pit veterans share their stories of struggle after falling ill](#)
(18 July, Perry Chiaramonte, 32.5M uvm; New York, NY)

Scores of U.S. military veterans put their lives in certain danger countless times in places like Iraq and Afghanistan.

They were on the frontlines of battle, but their struggle didn't end when they returned home.

Tens of thousands of veterans believe their health has been compromised by the polluting smoke expelled from burn pits on their bases. In these pits, all manner of trash, medical waste, and industrial chemicals were set ablaze for disposal.

The burn pit method was originally a temporary measure during the wars in both Iraq and Afghanistan as a way to quickly dispose of waste and garbage on military installations. The vets claim their prolonged exposure to toxic air left tens of thousands of them, as well as private contractors, with a myriad of illnesses including various forms of cancer and severe respiratory issues. Many died after succumbing to their illness, but nearly all who fear they got sick from exposure to burn pits never received proper help from the country they went to war to defend.

A registry was created by the Veterans Administration in 2011, but signing it does not guarantee any form of assistance. Service members and their families concerned with the effects of burn pit exposure say that they struggle to keep up with the high cost of medical treatments. There are more than 140,000 names signed to the VA registry.

In the midst of continuing coverage by Fox News on burn pit exposure at military bases across Iraq and Afghanistan, scores of service members and their families have responded on social media with strong reaction after seeing reporting on the lack of help and assistance made available to them by the VA as well as the lack of prevention during the wars themselves.

Here are just a few of the stories of those coping with what has been called by some: "the new Agent Orange."

Jason Arnold was a Grenadier with the U.S. Army National Guard when he first went to Iraq in 2003 and while he was not stationed on a particular Forward Operating Base (FOB) he often spent time on many of them as he worked security details with private contractor convoys from Kuwait to Iraq.

It was during those missions that he was often exposed to the heavy smoke conditions of burn pits. He clearly remembers how it hung thick in the air.

"We would have shifts in the wind and that smoke would roll in," Arnold tells Fox News. "In the morning it was the worst."

The veteran had previous experience as a paramedic before he enlisted which led him to work as a medic while on his tour and says that at the time, he and other soldiers worried there was a danger behind the exposure to the heavy smoke.

But their concerns were never addressed while in the war zone.

"When we were there, no one was saying anything," he recalls. "If you suck in campfire smoke, you can damage your lungs. Imagine what happens when you burn all those hazardous materials."

One of the private contractors that his unit worked with, Kellogg, Brown, and Root (KBR) — formally known as Halliburton — has been accused in numerous lawsuits of using the controversial waste disposal method on bases they operated after safer methods, like incinerators, were suggested.

A statement from the contractor reads in part: "KBR has consistently stated, KBR operated burn pits at a very limited number of bases in Iraq and Afghanistan and KBR personnel operated safely and effectively at the direction and under the control of the U.S. military."

Arnold and his unit often assisted KBR workers with disposing of trash into burn pits.

Arnold often spent time working security details with private contractor convoys from Kuwait to Iraq. It was during those missions that he was often exposed to the heavy smoke conditions of burn pits. He clearly remembers how it hung thick in the air. (Jason Arnold)

Arnold returned home after his second tour in 2004 and says that it was not long after that he started seeing symptoms.

"I got back to the States and the next thing I knew, I was out of breath. I had trouble breathing," he says.

Arnold went to see numerous doctors who discovered that he had numerous respiratory ailments

"They all asked me if I was a smoker," he says. "I have COPD [chronic obstructive pulmonary disease] and I never smoked a day in my life. I have Sleep Apnea. Every year it gets worse and worse."

Arnold, like many vets in his position, signed up for the Veteran Administration's burn pit registry in the hopes that he would get assistance with medical coverage and treatment. Like many others, he did not.

"The VA has never rated any of us," the Veteran says. "They never point out the fact that we were exposed."

He adds that he's often bumped off the registry and has to resign. He also says that he receives nearly no compensation from the VA.

"I'm only allowed three inhalers every month," Arnold says, "but I need it non-stop. I carry them everywhere with me. If I run out, I have to wait for months because the VA is so backlogged."

Arnold says that he believes the VA system to be flawed and that we as a country owe it to every single veteran to provide better assistance.

"We all went in perfectly healthy and came back with breathing issues or worse," he says. "It wasn't our fault. We went and did our job."

"They use you, kill you and just throw you to the side."

Hank Burns was an E4 specialist for the U.S. Army when he began a 15-month deployment in Northern Iraq back in 2007. He served another 13 month tour and left active duty in August of 2011. He tells Fox News he noticed his breathing issues during that second tour of duty.

"I worked right next to those pits," Burns tells Fox News. "I noticed it while I was still there. I would be walking and you get short of breath all of a sudden. I would suddenly get dizzy."

"You can smell it every day that you are there. It's heavy. It smells toxic."

Burns says that his health issues continued long after he returned home.

"What I've noticed is that I still have a lot of breathing issues," he says. "I'll be sleeping and wake up. I'm fighting just to breathe."

"Even just walking, I'll get winded and have to stop. These are problems I never had before."

Burns said it was years before he knew that the VA's registry was available to veterans like him.

"I didn't even know it existed," he says. "I had to hear about it through another vet who stumbled across it."

"I shouldn't have to depend on another soldier that found it by accident."

Burns says he signed up for the registry but wasn't sure what to do after that.

"It's nothing more than a list," he says. "It's a starting and stopping point all at once. We come home and we are left to be thrown at the wolves."

The veteran also was troubled by recent reports on Fox News that bits are still being used near military bases in Iraq and Afghanistan.

"It's terrible," Burns says. "I could see if this was a new war, but we've been there for so many years that's there's no reason to still use these methods."

"It's a shame that we are having soldiers still exposed."

Many of the burn pits were shut down on U.S. bases in Iraq when former Air Force Sergeant Jeremy Kitzhaber arrived at Balad AFB in 2011, but he still felt the effects of the pollution caused by them.

"I was told when I got there that there was still a lot of contamination," Kitzhaber tells Fox News, who started feeling ill in 2013, nearly a year after retiring from the Air Force.

"I started experiencing strange symptoms," he says. "I had some weird, tender feelings in my abdomen."

Kitzhaber went to see his doctor and it was after a CT scan that he was immediately admitted to the Emergency Room when he was discovered to have a rare form of stage 4 appendix cancer.

"It had disintegrated," he says adding that the cancer had spread and numerous chemo treatments did nothing to cure him. He was diagnosed with Pseudomyxoma Peritonei (PMP), which covered his entire diaphragm, intestines, bladder, stomach, and rectum. His abdominal wall and liver were also affected.

"It all came down to Iraq," he says believing that the toxins released into the air from burn pits contaminated the ground and eventually made him sick.

"To be fair, I was exposed to numerous dust storms," he recalls. "I remember choking on the air. I would wake up and the sky would be orange."

"You could not escape the dust."

Kitzhaber filed a claim with the VA, but he says that it took 400 days, over one year to rule that his cancer was connected to his time in service.

"Originally, I put in a request and they denied it," he says. "It took me calling my state senator to get them to expedite my claim."

He, like many other vets in similar positions, believes that the Department of Defense needs to concede to what service members were exposed to in Iraq.

"The DoD needs to acknowledge that they unnecessarily exposed people to dangerous carcinogens," he says. "They say there's no direct cause because if they admit it, they'll have more claims against them and they won't be able to pay."

Also with the Air Force, Technical Sergeant David J. Robinson was first deployed to Iraq in 2003, but it wasn't until nearly a decade later when here turned to his home in Colorado Springs that he started to experience problems breathing.

"I thought I was having an immediate problem with the altitude," he says. "It was easy to blame it on something else because who wants to admit it's something serious?"

But soon after, Robinson started experiencing other symptoms. Once blood was found in his urine a few months later, his doctor ordered tests and it was discovered that he had a large mass in his abdomen.

"It was a roller coaster of learning what it was," he says of the cancer that had ravaged his body.

In 2015 Robinson underwent a more than 10 hour surgery. His appendix, bladder, and portions of his intestine were removed.

"They couldn't salvage anything," Robinson says.

During his service, Robinson had often assisted in disposing of waste in the burn pits of his base.

"Two to three times a week, we would load up pickup trucks," he recalls. "Anything and everything that had to be thrown away...it was all brought to burn pits."

"It was part of the mission. It was mostly about getting the job done. It was just the way it was."

Robinson says that many service members at the time, including himself, were not grasping the concept of the dangers behind the burning.

"You trusted your leadership to look after you."

Robinson finds the treatment of most veterans to be frustrating.

"It's almost like we are being brushed aside or swept under the carpet."

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1.3 - New York Times: [Critics of Trump's Veterans Affairs Dept. Raise Concerns About Departures](#) (19 July, Jacey Fortin, 30M uvm; New York, NY)

Amid high-level turnover at the United States Department of Veterans Affairs, Trump administration critics are expressing alarm over whether politics is playing a role in the recent wave of removals, reassignments and retirements.

The department is currently run by Acting Secretary Peter O'Rourke and has been without a Senate-confirmed leader for months. Robert Wilkie, a former acting secretary who also served as the under secretary of defense for personnel and readiness, has been nominated for the top job by President Trump. If confirmed, Mr. Wilkie would take over the second-largest department in the federal government, overseeing a 360,000-person work force.

But he would be without several longtime employees who have recently left the department. The Washington Post reported on Wednesday that several unnamed current and former employees had raised alarms over what appeared to be a purge or reassignment of more than a dozen officials who were not loyal to the Trump administration.

"It's been 112 days since the V.A. had a Senate-confirmed secretary in place, and many talented people have departed leadership positions within the V.A. over the past four months," Joe Plenzler, a spokesman for the American Legion, a veterans service organization, said in an email on Wednesday.

"The Veterans Health Administration alone has more than 33,000 job vacancies representing a staffing deficit of almost 10 percent of their overall work force," he added. "The American Legion has been sounding the alarm over this critical issue."

Representative Elizabeth Esty, a Democrat from Connecticut who serves on the House Committee on Veterans Affairs, raised concerns about the politicization of the department with Mr. O'Rourke during a hearing on Tuesday.

"During your tenure, our committee has been made aware of a significant number of career employees who have served under multiple secretaries," she said. "These employees have been removed, demoted or reassigned, or they've resigned or retired after being made aware of adverse actions coming their way."

In response, Mr. O'Rourke referred to a few people who had either retired or moved into a different position.

"We're not on a path to just move things randomly," he said. "These are all very well-planned and designed moves to better make efficiency and effectiveness at our level." He added that he had not communicated with Mr. Wilkie regarding these changes.

Officials at the Veterans Affairs Department have been working for years to update outdated computer systems and simplify its approach to private health care. But some say morale has suffered amid turmoil under the current administration; the agency is one of several dealing with vacancies and high staff turnover.

The last Senate-confirmed Veterans Affairs secretary, Dr. David J. Shulkin, had supporters from both parties during the early days of the Trump administration. But his reputation suffered after a scathing agency report in February about money the government had spent on a 10-day business trip he took to Europe with his wife. Mr. Trump fired Dr. Shulkin with a tweet in March and sought to replace him with his White House physician, Dr. Ronny L. Jackson.

That nomination fell through, and Mr. Wilkie took over as acting secretary. When his nomination was announced in May, Mr. Wilkie stepped aside to begin his confirmation process, and Mr. O'Rourke took the helm.

Right now, the department is working to revamp its health care system after President Trump last month signed a legislative overhaul bill to consolidate programs and make it easier for veterans to take their benefits to private doctors for care. Critics of the plan, including Democrats and some large veterans groups and moderate Republicans, say that it would be a boon to private medicine while starving the agency's budget.

Because of the major changes on the table at the Veterans Affairs Department, the high-level staff changes have been of particular concern.

In a phone interview on Wednesday, Ms. Esty said that in the past month, she had seen "three high-level career retirements of key positions" at the V.A., an unusual number considering the short time span — and the fact that the departures happened under an acting secretary who had not gone through the Senate confirmation process.

"That combination does raise concern," Ms. Esty said, since the department will be making important decisions on issues including health care privatization, disability appeals reform and an expansion of caregiver support for veterans.

"It is concerning not to have that institutional knowledge there," she said.

Curt Cashour, the agency's press secretary, said employees were "absolutely not" being moved for political reasons.

He said the V.A. had "made groundbreaking progress, particularly in the areas of accountability, transparency and efficiency across the department" during the Trump administration.

"This has understandably shaken up V.A.'s Washington bureaucracy," Mr. Cashour added, "and in many cases, employees who were wedded to the status quo and not on board with this administration's policies have departed V.A. — some willingly, some against their will as they were about to be fired."

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1.4 - CNN: Washington Post: Trump loyalists reassign, remove VA employees (18 July, Juana Summers, 29.8M uvm; Atlanta, GA)

Staffers at the Department of Veterans Affairs loyal to President Donald Trump have reassigned or removed staffers perceived as disloyal to the President and his agenda for veterans, people familiar with the actions told The Washington Post.

The Post reported that the transfers include more than a dozen career civil servants in leadership positions at the VA's headquarters, who were given lower-visibility roles. The staffers say they were given no reasons for the changes, according to The Washington Post. The Post said the moves have been conducted by political appointees led by the VA's acting secretary, Peter O'Rourke. They are the latest sign of fractures at the agency, which came to a head months ago when former Secretary David Shulkin was ousted. The VA continues to suffer from sinking morale and has been shedding senior staff for months.

The Washington Post first reported, and CNN confirmed with a source familiar with the situation, that at least a half-dozen senior career staffers at the Veterans Benefits Administration have been transferred to less influential roles, some in other cities. But the reassessments and removals go beyond that part of the sprawling agency, according to The Washington Post, and have taken place as the President's nominee to lead the VA, Robert Wilkie, awaits full Senate confirmation.

A Pentagon spokesperson told CNN that Wilkie, who remains in his job as the head of military personnel at the Defense Department as he awaits the Senate vote, was not aware of or involved with the decisions.

"Any decisions made following Mr. Wilkie's departure as Acting SecVA were made by the current VA leadership and Mr. Wilkie was not aware, nor a part of those decisions," Maj. Carla Gleason, a Pentagon spokesperson, told CNN. "It would be inappropriate for him to comment on this in his current role as USD."

The VA did not immediately respond to a CNN request for comment, but spokesman Curt Cashour told The Washington Post that "under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to Veterans." Cashour also told the Post that Wilkie had no hand in the changes.

O'Rourke was on Capitol Hill this week for a hearing about the VA's whistleblower protection office, which he used to lead, and was questioned by multiple members of Congress about the agency's staffing. In one exchange, Rep. Scott Peters, a California Democrat, asked O'Rourke "under what circumstances is disagreeing with the administration a fireable offense?"

Peters cited a VA news release issued in April in which the agency says that "under VA's new leadership, which is now firmly aligned with President Trump and his priorities, the department's operations have improved in many ways." The release goes on to say, "In a number of cases, employees who were wedded to the status quo and not on board with this administration's policies or pace of change have now departed VA."

O'Rourke told Peters that when any agency experiences an organizational shift, sometimes "folks realize, maybe on their own, that they don't want to be there."

"I think there's a few cases that we could look at of folks in senior positions where they advocated for a different approach and then the organization ... went in a different direction, and they felt like that wasn't a place they didn't want to be anymore," O'Rourke said.

In a separate exchange during the hearing, Rep. Elizabeth Esty, a Connecticut Democrat, asked O'Rourke to explain why he had "removed, demoted or reassigned" a large number of career employees.

O'Rourke told Esty the moves were well planned and designed to improve "efficiency and effectiveness." Esty countered she believed that "loyalty concerns" were the reason for the transfers.

CNN's Ryan Browne contributed to this report.

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1.5 - Military Times: [Report: VA paid for thousands of unneeded medical exams for disabled veterans](#) (18 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials are on track to waste more than \$100 million over the next five years on tens of thousands of unnecessary medical exams for disabled veterans, according a report out this week from the department's watchdog.

The VA Inspector General's findings are based off a sampling of re-examination cases last year that indicated department officials may have requested unneeded medical check-ups in 37 percent of benefits cases.

The exams are designed to see whether veterans' health has improved enough to warrant changes in their disability payouts. VA covers the cost of the exams, but the process can still be time-consuming and inconvenient for the veterans involved.

Investigators found that a sizable portion of cases that should be clearly exempt from those periodic checks — including ones where veterans have a permanent disability or where benefits changes are unlikely — were frequently ordered despite existing rules.

They blamed the problem on ratings officials skipping over pre-exam reviews of veterans cases which would have alerted them to reasons to change the standard medical report schedules.

"The review team estimated that (the Veterans Benefits Administration) spent \$10.1 million on unwarranted reexaminations during the six-month review period," the report stated. "VBA would waste \$100.6 million on unwarranted reexaminations over the next five years without instituting procedures to ensure employees only request necessary reexaminations."

The inspector general noted that the numerous excessive exams also put additional pressure on claims processors and VA physicians, by increasing their workload without proper justification.

VBA officials agreed with the bulk of the report and said they hope to implement new internal controls by this November to help address the problem. They are also planning more internal scrutiny of claims officials requesting the exams, to make sure they understand existing rules and processes.

The agency has also begun collecting data for recurring reports on how many unneeded exams are ordered, to get a better sense of the scope of the problem.

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1.6 - Stars and Stripes: [Delayed 'Forever' GI Bill is poised for August launch](#) (18 July, Caludia Grisales, 1.5M uvm; Washington, DC)

A major expansion of veterans' education benefits — a protracted process beset by communication and information technology challenges — is finally on track to launch next month, Department of Veterans Affairs officials testified Wednesday before a House committee panel.

Last year, the VA said it would hire 200 temporary workers and shell out \$70 million to implement the “Forever” GI bill, which contains 34 changes to veterans’ education benefits and boosts spending by \$3 billion for 10 years. Higher-than-anticipated costs has been one of a number of problems that the agency faced in the yearlong charge to implement the plan, which most recently had a July 16 target date that had to be postponed.

“This is a complex, heavy-lift effort,” retired Maj. Gen. Robert Worley II, director of VA education services, told the House Committee on Veterans’ Affairs subpanel on economic opportunity. “We made very good progress to date. We didn’t get to the (July 16) date we were hoping for, we need to slip that about a month and that’s where we are. We have a handful of defects left.”

Worley, who testified alongside a witness panel of VA officials, went to Capitol Hill on Wednesday to update lawmakers on implementation of the H.R. 3218, the Harry W. Colmery Veterans Educational Assistance Act. The effort, which was named for the author of the original GI Bill of Rights, increases payments to veterans with less than one year of active-duty service, restores benefits to veterans whose schools abruptly close, awards full GI Bill benefits to all Purple Heart recipients and increases aid for veterans pursuing science, technology, engineering and mathematics degrees, among other things.

It was dubbed the “Forever” GI Bill by supporters because it ends a 15-year limit on education benefits for veterans whose last discharge or release from active duty came on or after Jan. 1, 2013. Advocates have called it the most sweeping expansion of veterans education benefits in a decade.

“It is critical that we work to ensure that this bill is implemented in a way that is consistent with Congress’ intent and that veterans receive the benefits in a timely and consistent manner,” Rep. Jodey Arrington, R-Texas, chairman of the subcommittee on economic opportunity, said in opening remarks for Wednesday’s hearing.

The bill was signed into law Aug. 16, 2017, and most of its provisions go into effect Aug. 1. Of the 34 measures in the bill, 22 require “significant changes” to the VA’s IT systems. The agency determined costs to program its IT systems to recognize the changes in benefits would cost about \$70 million — an amount more than double the \$30 million originally estimated for the task.

By late last year, Worley said the VA was in the process of hiring 200 temporary employees who would process claims by hand until the IT system was improved with a 40- to 50-person team that would be responsible for deciding which veterans would be eligible for increased aid for STEM degrees. Worley and other VA officials said late last year that they were confident the expansion would be fully in place before the start of the 2018-2019 school year.

“We expect a wave of enrollments to come in between now and the early part of the fall, so that will be an increased workload, and that’s why we have more people and overtime scheduled and those kinds of things,” Worley said. “We will need to do some reworks for enrollments that come in between now and mid-August.”

He also said he would rate his group’s performance implementing the plan at an ‘8’ on a scale of 1 to 10, with 10 being perfect.

“We are doing everything we can to make sure that the experience of the veteran is seamless,” Worley said.

A full breakdown of changes to the GI Bill is available on the VA website at benefits.va.gov and veterans can follow updates on its implementation at the VA's Post-9/11 GI Bill Facebook page.

Stars and Stripes reporter Nikki Wentling contributed to this report

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - KIVI (ABC-6, Video): [New cath lab for Idaho veterans opens](#) (18 July, Jessica Taylor, 156k uvm; Nampa, ID)

Veterans in Idaho with heart concerns are getting access to a new facility designed to serve their needs closer to home. The new cardiac cath lab at the VA Medical Center in Boise expects to treat more than 400 veterans in Idaho every year.

The medical center didn't previously have the x-ray technology or procedure rooms needed to treat veterans with heart disease. Instead, veterans had to go to outside areas like Portland or Seattle to receive treatment.

Now, they can get the care they need in the comfort of their own community.

"We can speed up the time to diagnosis the time to treatment for our patients and we dramatically reduce the sort of dissociative issues of having to dislocate them in a sense to move them to Seattle and their families, so it's a tremendous asset for this institution," said Dr. Steven Fonken, the director of the VA's new cath lab.

The new lab will help doctors determine the severity of each patient's heart disease and provide quicker treatment. It opens August 7.

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4. Focus Resources More Efficiently

4.1 - Talking Points Memo: [Report: VA Purging, Reassigning Career Employees Suspected Of Disloyalty](#) (18 July, Alice Ollstein, 11.8M uvm; New York, NY)

The Department of Veterans Affairs is carrying out politically motivated reassignments of career staffers ahead of the confirmation of Trump-appointed Secretary Robert Wilkie, the Washington Post reported Wednesday, demoting more than a dozen long-serving officials because of their perceived political loyalties.

The reassigned workers said they were not given a reason for the move, and others at the department told the Post that they fear the troubled agency will lose institutional knowledge.

A bill passed by Congress in 2017 was intended to make it easier for the VA to oust senior officials accused of serious wrongdoing, but it has in practice led to a mass purge of rank-and-file employees for minor infractions.

Whistleblower advocates and federal worker unions have characterized these purges as part of the Trump administration's broader effort to politicize the non-partisan civilian workforce. At the VA in particular, this trend has coincided with the ouster of people opposed to the privatization of the public health system that serves millions of U.S. veterans. After President Trump fired VA Secretary David Shulkin in March, Shulkin wrote in a New York Times op-ed: "They saw me as an obstacle to privatization who had to be removed."

Organizations that work with VA rank-and-file employees say they see this pattern playing out across the agency.

"They're moving in people who want to privatize. If you're opposed to that and you speak up, you're probably on the chopping table," Ward Morrow with the American Federation of Government Employees told TPM. "It really is retaliatory, whatever they're doing."

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4.2 - Vox: Trump loyalists may be purging career officials at the VA, Some of the employees supporting the VA secretary have more than 20 years of experience. (18 July, Alex Ward, 10.6M uvm; Washington, DC)

More than a dozen employees in high-level positions at the Department of Veterans Affairs have recently been reassigned to lower-level positions — and a new report says it's part of a purge by President Donald Trump's loyalists.

According to the Washington Post, acting VA Secretary Peter O'Rourke and a small team of Trump political appointees are reshuffling staffers they perceive to be disloyal to Trump and his agenda for the VA, which is responsible for providing health care and other federal benefits to US military veterans.

In some instances, the Post story says, the reassigned staffers are career civil servants who have served in critical support roles for more than 20 years.

Which means that, if confirmed, Trump's new VA secretary, David Wilkie, will not benefit from the help of experienced employees who know the ins and outs of their jobs and the department. This is potentially a huge problem, as it'll make Wilkie's job of fixing the US government's second-largest bureaucracy that much harder.

The VA is defending its actions, though. "Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to Veterans," Curt Cashour, a VA spokesperson, told the Washington Post. As of now, there's no indication Wilkie had any role in the reassignments.

Why the VA "purge" may be happening

It's likely this "purge" traces back to the ouster of the last VA secretary, David Shulkin, four months ago.

Shulkin wasn't doing enough for conservatives' tastes to overhaul and privatize the VA. Instead, he stayed in line with the preferences of most veterans groups, taking a deliberate pace toward reform rather than trying to drastically change the agency with a big push for privatization.

Trump's transition team tried to staff the VA with hardcore right-wingers who were committed to privatization. They began to question Shulkin's loyalty to Trump because he wouldn't change his preferences. Trump eventually fired Shulkin in March after a year of infighting.

O'Rourke — a former Trump campaign staffer and current loyalist — took over for Shulkin. It appears he's now using his newfound power to remake the VA more in Trump's image.

It's unclear what kind of authority O'Rourke will have once Wilkie takes the VA's helm, or if Wilkie will reverse any of O'Rourke's personnel moves.

But one thing is clear: People seem to be losing their jobs at the VA because of their political views, not their competency. That's a bad way to operate any government agency.

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4.3 - Washington Examiner: [VA cleaning house of Trump haters: Report](#) (18 July, Diana Stancy Correll, 4.8M uvm; Washington, DC)

Trump allies at the Department of Veterans Affairs have begun an effort to oust or transfer officials at the agency who appear to be disloyal to President Trump, according to a new report.

The reassignment effort is being spearheaded by several political appointees under acting Secretary Peter O'Rourke, and includes reorganization of more than 12 civil servants from the leadership suite at VA to lower-profile positions, the Washington Post reports.

Meanwhile, several others have been moved to other cities for lower-profile positions, and some have been removed from their posts for objecting to the leadership group, anonymous sources told the Post.

They also disclosed that a high-ranking executive who first joined the VA during the Obama administration stepped down from his post amid a dispute with Trump aides.

"These are people who served multiple administrations," a reassigned employee said, according to the Post. "But they only want them to serve the Trump administration. You can't run a department like that."

According to the VA, the reorganization of the agency will contribute to positive changes.

"Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to veterans," VA spokesperson Curt Cashour said, per the Post.

The report comes as Trump's nominee to lead the agency, Robert Wilkie, is awaiting full confirmation from the Senate. He was approved by the Veterans' Affairs Committee earlier this month.

Wilkie was the former assistant defense secretary under George W. Bush. He served as acting secretary of the VA following David Shulkin's removal, and as he awaits confirmation, has returned to his role as head of military personnel at the Defense Department.

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4.4 - Kansas City Star: Kansas doctor loses license for sexual relationship with patient who overdosed (18 July, Andy Marso, 4.8M uvm; Kansas City, MO)

The Kansas medical board has revoked the license of an Emporia doctor for having a sexual relationship with a vulnerable patient who tried to commit suicide using pills he prescribed her.

The doctor, Chester W. Stone, remains licensed to practice in Missouri and previously worked at the Kansas City VA Medical Center.

In a revocation order issued last week, the Kansas Board of Healing Arts wrote that Stone "was in a position of significant power" over the unnamed female patient "and he abused that power."

"The Board also notes that Licensee's conduct contributed to Patient 1's nearly fatal overdose," the board wrote. "This incident illustrates that Licensee's conduct constituted a serious threat to patient safety."

Reached by phone Tuesday, Stone declined to comment publicly on the substance of the board's order. He said that in addition to working for the Veterans Affairs Eastern Kansas Health System and in private practice in Emporia, he also worked for the Kansas City VA Medical Center for about 10 years but doesn't anymore.

"I haven't worked there since February or something," Stone said.

A spokesman for the VA Eastern Kansas Health System said Stone no longer works there either, having retired June 15.

But he's still allowed to work in Missouri. According to the Missouri Division of Professional Registration, Stone got his Missouri license in April 2016 and it expires Jan. 1, 2019.

Stone said he thinks his attorney has reported the loss of his Kansas license to the Missouri medical board.

Stone, an oncologist licensed to practice in Kansas since 1985, treated the female patient for anxiety while he was seeing her romantically, according to the board's order.

He referred her to a psychiatrist but kept seeing her and prescribed her drugs, including controlled substances.

Early one morning in 2015, he got text messages from her "that were suicidal in nature," according to the board's order. Police officers who went to the woman's home found her unresponsive in the backseat of her car, her skin pale and cold.

The officers weren't able to find her pulse, but she was breathing and after being treated at two hospitals, she survived. The officers found several empty medication bottles in the car, including one for 120 pills of alprazolam, an anti-anxiety drug Stone prescribed her.

The medical board launched an investigation and found that Stone had other infractions as well.

Since 2009, he had been using a special type of Kansas license that allowed him to practice only in federal facilities such as the veterans hospitals. Despite those restrictions, Stone also worked regularly as a weekend hospitalist at Mercy Hospital in Manhattan until May 2015, and as recently as June 8, 2018, he continued to "moonlight in various places periodically," according to the board order.

By checking Kansas' prescription drug monitoring system, the board found that Stone had violated the terms of his special license by prescribing controlled substances outside of the federal health system 17 times to 12 patients. He chalked that up to "not reading the fine print."

In its order, the medical board said Stone showed a "thorough lack of genuine remorse and refusal to take responsibility for his actions."

"Licensee exhibited a disturbing lack of awareness of the severity of his conduct," the board's order says, "particularly in regard to his wrongful sexual relationship and his wrongful prescribing behavior in regard to that patient."

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4.5 - Fayetteville Observer: New Fayetteville VA Medical Center director attends first local town hall (18 July, Rachael Riley, 439k uvm; Fayetteville, NC)

Area veterans and residents attended the first town hall meeting under new leadership Wednesday night at the Fayetteville Veterans Affairs Medical Center.

James Laterza, who retired from the Army last summer, was appointed as the center's director in March.

During the quarterly town hall, Laterza highlighted goals for the Fayetteville-area VA, areas that have shown improvement and areas that need improvement.

"Our responsibility is to give you something you want," he told the crowd.

Following his presentation, members of the staff who deal with a variety of issues, including primary care, mental health, medical specialty services, surgical services, and prosthetics, met with attendees to listen to individual concerns or comments.

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4.6 - New American: [VA Whistleblowers Claim Harassment and Retaliation](#) (18 July, Raven Clabough, 339k uvm; Appleton, WI)

Two whistleblowers are claiming that they were virtually run out of a Veterans Affairs hospital in Jennings, Louisiana, after they reported widespread corruption, the Daily Caller reports.

The VA dominated the news cycle years ago after reports that a Phoenix facility had been altering its scheduling books and that at least 40 veterans had died while awaiting care. Since that revelation, significant evidence of corruption, waste, and fraud in VA facilities have come to light, and the whistleblowers who dare to make complaints have faced significant retaliation.

Crystal LeJeune and Harvey Norris are the latest victims. Both are former employees of the Alexandria, Louisiana, VA Medical Center system, of which the VA hospital in Jennings is a part. They both claim that they uncovered widespread abuse, fraud, and waste, specifically in the Home Based Primary Care (HBPC) department, and experienced retaliation for speaking out about what they observed.

In her complaint to the Office of Special Counsel (OSC), LeJeune indicates she witnessed "patient neglect" and the falsification of medical records, as well as deceitful time documentation and tampering with government vehicle-tracking systems.

For example, LeJeune states that one of the nurses claimed to have visited 11 patients in one morning, a near impossibility. She claims that while patients were supposed to be seen every 30 days, many had gone unseen for much longer.

LeJeune contends that she began experiencing harassment at work when she brought these issues to light.

It started with an investigation in September 2012 that forced her to be moved to a temporary assignment, LeJeune explained. She said that she was eventually cleared from that investigation, but it was only the beginning of the harassment.

Another hospital employee, a dietitian named Tabitha Nicholas, even began taking notes about LeJeune.

"Tabitha was taking notes as to my comings and goings since I first started at HBPC. Every time I left the office, she went to the front door/window to make sure I was gone (I actually saw her). She reported my every move to my supervisor at the time," LeJeune stated during the 2012 inquiry into the hostile work environment.

She claims she was followed and had her photo taken by another employee, and that false allegations were made against her. In 2016, photos had been taken of her desk that allegedly held unattended sensitive patient information. It was later determined that the photographs were manipulations.

She also indicates her Christian faith had been disparaged in a staff meeting.

"There is an email between supervisors where Tabitha Nicholas questioned my Christianity and stated I needed to find God, in a meeting that I was not present [at]," LeJeune states.

Curt Cashour, press secretary for the Department of Veteran Affairs, dismissed LeJeune's allegations, saying she "did not provide any information that supports [her] assertion [of] any threatening conduct directed toward [her]," Cashour stated. "There was insufficient information to conclude with a substantial likelihood that the actions of HBPC employees amounted to wrongdoing."

In contrast to Cashour's claims that there was insufficient evidence to support LeJeune's allegations, an investigation by the VA's Office of Resolution Management produced a near 700-page report.

LeJeune ultimately took medical leave after she was followed to a restaurant by Nicholas, who took photos of LeJeune and the other hospital employees with whom she was having lunch. The photos were used to trigger another investigation.

Finally, in June 2018, she was granted medical retirement.

When Norris started at the HBPC in November 2016, most of the problems observed by LeJeune years earlier were still taking place.

"What happened was that I found all sorts of problems: the overbilling, misuse of government, and filing false documentation," he recalls. For example, he learned that the nurse practitioners had formed their own corporation and were funneling patients illegally to their company.

But when Norris filed a complaint with the VA Office of Inspector General, Cashour dismissed his claims.

"VA has asked Mr. Norris several times for evidence backing up his complaint. To date, Mr. Norris has not provided anything that backs up any of his claims. VA stands ready to look into this right away should Mr. Norris provide evidence and/or documentation backing up his claims," Cashour wrote.

Norris began experiencing retaliation a short time later. While having dinner at a truck stop with LeJeune and another VA employee in February 2017, he noticed Nicholas and another VA employee taking notes on Norris and his colleagues.

An investigation was then launched against Norris for misuse of a government vehicle that he used to drive to the truck stop for dinner.

Norris explained that he had used the vehicle for a presentation in St. Martinville, followed by a meeting with a veteran at a Waffle House a few miles from the presentation. He then went to see the doctor who would be handling the veteran's case in the Jennings VA. Norris was found to be in violation for failing to comply with his original itinerary, which called him to go to a hospital in Alexandria immediately from his presentation, and was ultimately demoted and given a two-week suspension.

According to Norris, he was not permitted to see the complaint against him, or the photographs taken of him. He also was not permitted to know who filed the complaint, though he assumed it was Nicholas, since she had been seen taking pictures of him.

Norris decided to look for another job, and on the day he resigned, he received another write-up.

Norris says he is relieved that he has switched jobs. Unfortunately for the patients at the Jennings VA, however, it seems anyone who cares enough to report corruption is not around long enough to ensure change can happen.

LeJeune's and Norris' experiences are not unique in the VA. A 2014 press release from the OSC indicated it had received complaints from employees at VA facilities in Puerto Rico, as well as in 18 states — Arkansas, Arizona, California, Colorado, Delaware, Florida, Georgia, Iowa, Kentucky, Michigan, North Carolina, New York, Pennsylvania, South Carolina, Tennessee, Texas, Utah, and Wyoming. Reports of retaliation continued to be reported each year since that press release, underscoring how impotent the OSC has been in addressing the problem.

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4.7 - Healthcare DIVE: [Veterans Health Administration shifts leadership](#) (18 July, Tony Abraham, 157k uvm; Washington, DC)

Dive Brief:

- Richard Stone, a former Veterans Health Administration executive, has returned to temporarily lead the administration as it continues to search for a permanent undersecretary, according to a report from Military Times.
- Stone, who has been working for tech consulting firm Booz Allen Hamilton, is replacing Carolyn Clancy, who has been shifted to a research and development position within VHA .
- Stone is VHA's third temporary administrator since former VA Secretary David Shulkin's promotion from that position in February 2017. Meanwhile, President Donald Trump's nominee for VA Secretary, Robert Wilkie, is awaiting confirmation from the Senate.

Dive Insight:

Peter O'Rouke, who's sitting in as acting VA secretary while the Senate works to confirm Wilkie's nomination, signaled to reporters during the Stone announcement that decisions will soon be made on leadership positions within VA.

Stone is reported to be on the list of candidates being considered to lead VHA as undersecretary for health. In the time since the position has been vacant, Shulkin has been fired, Trump's first nominee to replace him withdrew under Senate scrutiny and the department's community care programs have been overhauled to extend private sector options for veteran care and shift the department's funding sources via the \$5.2 billion MISSION Act.

Yet, some lawmakers remain concerned about funding for veterans health. Earlier this week, the White House issued a letter warning Senate members who want to spend over budget on veterans health, saying the funding sources made available in the MISSION Act should be "more than sufficient."

Adding to VA turmoil over the past year has been the agency's contract with Cerner to implement a new EHR system, replacing VA's 40-year-old VistA system. The contract was first announced in June 2017, but was delayed over issues with interoperability for nearly a year before being finalized in May.

VA has just recently established the Office of Electronic Health Record Modernization to help maintain the agency's new Cerner EHR system over the next 10 years. That office will be working closely with whoever is tapped to lead VHA.

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4.8 - KMA (W1-960): [Shen CBOC process outlined at V-A town hall](#) (19 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Plans for a new Community Based Outpatient Clinic were among the many topics discussed at a special meeting in Shenandoah Wednesday night.

Veterans from all over KMAland packed the Shenandoah Elks Lodge for a veterans town hall meeting sponsored by the Veterans Administration's Nebraska-Western Iowa Health System. Julie Rickert, associate director of operations for the V-A's Omaha office, says Shenandoah's new CBOC is one of several planned for the region--others included Lincoln, Norfolk and Holdrege, and an ambulatory clinic in Omaha. Because planning for Shenandoah's new CBOC is still in the planning process, Rickert omitted some specifics--such as where the new clinic would be located. However, Rickert says the project's contracting officer is still planning the bidding process.

"We haven't awarded it," said Rickert. "So, we're doing the piece as far as validating that there's partners out in the community who can help us with it. We're doing the market research, we're putting together the package. We'll be going out and soliciting, which means we'll put the package out electronically to people that are interested in it. We'll put that up. We're with a contracting officer, with the intention that we will do an award in January."

Rickert says more information will become available once the project's vendor is determined.

"Once we have that award," she said, "and there's no protests, then that's when we can give more information about where that location's going to be, and what it's going to look like. The other important thing is that once you have that date, that really means that we're about 18 months away from activation--give or take a couple months."

"An activation means you're standing it up, you're getting the furniture, and the fixtures, and the equipment that you need for that new space. You're making sure that the design is correct, and you're opening the doors to see veterans."

Local CBOC supporter Ernie Aust expressed concerns over whether bidletting and solicitation information would be provided to potential local contractors.

"I think on the local scene, I think there's quite a few steps prior to January of '19," said Aust. "On the list that we had earlier, we talked about issue of solicitation, receive proposals, complete the proposal evaluation, and then the final award. Well, for anyone that has property, or is interested in building it, I guess my question is when will that issue of solicitation take place? Because, that's when, locally, people will know what's to be bid on."

Rickert says that information would come from the project's contracting officer. Don Burman is the V-A Nebraska-Western Iowa Health Center's director. Burman says he would make the contracting officer's name and other information available to interested parties.

"I can guarantee you you'll have that solicitation information, and the name of the contracting officer by tomorrow (Thursday) noon. I'll know who it is," said Burman, whose remarks were met with thunderous applause from the crowd.

"If they're hiding somewhere, I'll go find them, because I know this is important to us. This is important to us, as much as it is to you," he added. Burman commended the Shenandoah CBOC's staff for working in cramped quarters in the existing clinic at the Orchard Corners Shopping Center.

Other topics covered at Wednesday's town hall included the new Veterans Community Care Program, which would consolidate several V-A care initiatives, including the Choice Program, into one program. V-A officials also provided information on medical services for veterans--including efforts to eliminate opioids and narcotics from care programs, and the V-A's suicide prevention initiative.

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4.9 - Register-Herald: [VA Medical Center looking for volunteers Yost encourages people to get involved for the rewarding feeling of helping those in need](#) (18 July, Rebecca Rhudy, 77k uvm; Beckley, WV)

The Beckley Veterans' Administration (VA) Medical Center is looking for new volunteers.

Cheryl Yost, chief of voluntary service, said volunteers play a vital role in the VA team, and that it is not only special for those they are serving but also a rewarding experience for the volunteers.

"I truly believe that if I can get someone to volunteer, they will love it and realize how gratifying it is in helping someone," Yost said. "You simply can't put a price tag on how wonderful it makes you feel."

She went on to describe that volunteering at the VA is great for people of all ages.

"For young people, it's a great place to volunteer to gain work experience for job and college applications," Yost said. "For retirees, it's a great way to stay active and keep in shape getting your mind off of your own problems and a great place to socialize and develop needed friendships."

The Beckley VA Medical Center currently has approximately 250 to 300 volunteers. Yost said that there are a variety of opportunities for people to get involved at the VA, and they are always looking for more help.

"Some of the responsibilities of our volunteers are helping Veterans and their families in different ways," Yost said. "For example, they are responsible for providing information, escorting patients in wheelchairs, delivering mail, providing transportation to their VA

appointments, providing activities and entertainment, No Veteran dies alone program, and other various opportunities to just helping Veterans."

Yost said there are only a few requirements to become a volunteer at the Beckley VA Medical Center.

"We have a training packet that they must read and complete, and we do an orientation," Yost said. "Once they are placed in a service, the service may have some service specific training to complete. The minimum age to volunteer is 14, but there is no maximum age."

Yost encourages people to get involved for the rewarding feeling of helping those in need. She went on to share some of her most memorable experiences during her time at Beckley VA Medical Center.

"I could share so many stories," Yost said. "I have a son that wanted to follow in his dad's footsteps as a Beckley VA Volunteer; I have a lady volunteer who came down with a crippling disease, but since she can no longer volunteer on site, she continues by crocheting hats, scarves and other items for Veterans; I have a man that has a brain injury that wanted to give his time to help Veterans; I have a man that was an employee here for over 30 years who retired and traded his work uniform for a volunteer jacket. All these stories mean so much."

For anyone interested in volunteering for the Beckley VA Medical Center, they are encouraged to contact Yost or Brenda Shelton of Voluntary Service at 304-255-2121, extensions 4156 or 4162.

Yost said it is a really great program to get involved in.

"It's a great place for all ages," she said. "I like to ask folks, 'How many places can you go and take care of an American hero every day?' Only at your local VA."

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4.10 - FEDweek: [Split Remains on Special VA Disciplinary Policies](#) (18 July, 51k uvm; Glen Allen, VA)

A year after enactment of a law revamping disciplinary policies at the VA there was consensus at a House hearing that the department has been taking more disciplinary actions since the law's enactment, but not on whether the law has been a success.

VA statistics show that the rate of major discipline – including firings, demotions and suspensions of 14 days or more – has nearly doubled. Of the more than 2,000 in calendar year 2017, more than 1,300 occurred in the last six months. That rate has held about steady so far this year, with nearly 1,200 through June.

The law was one of a series in response to the scandal over record-keeping at some VA facilities that made it appear that patients were being seen more quickly than was the case. It reduced the period of notice, response and final agency action to 15 working days; specified that in appeals of both conduct- and performance-related discipline before the MSPB, the department needs to meet only the lower evidence standard generally applying only in the

former type; required that the MSPB either accept or reject the agency's choice of penalties entirely; and raised the legal standards for employees who appeal further into federal court.

"The only way to bring true accountability to VA is to create a culture where employees want to come to work and serve veterans. This will only happen when good work is consistently rewarded and when it's clear the department won't tolerate employees who do not live up to the high standards required of public servants," said Veterans Affairs Committee chairman Rep. Phil Roe, R-Tenn.

But the AFGE union, which represents most VA employees, said the law "has turned out to be the most counterproductive VA law ever enacted." While the change was largely targeted at management-level officials responsible for the scandal, in practice it has had a "disproportionate impact on VA's lowest paid and veteran workforce," it said. Of the nearly 1,100 disciplined in the first five months of this year, only 15 were supervisors and many were in positions such as housekeeping aides, it said.

"Instead of using the legislation to hold VA management accountable so that real change can be made, the administration has instead systematically purged lower level workers and whistleblowers," said ranking Democrat Mark Takano of California.

VA officials, though, presented data showing that the rate of discipline against GS employees below grade 10 and non-supervisory wage grade employees is about the same as it was prior to enactment.

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5. Improve Timeliness of Service

5.1 - Heilio: [Study: Short supply of centers impacts transplant rates for veterans](#) (18 July, Mark E. Neumann, 581k uvm; Thorofare, NJ)

In most cases, U.S. veterans are less likely to get a kidney transplant compared to individuals with Medicare or private insurance, according to a recently published study.

"After successful listing, [Veterans Administration] VA kidney transplant candidates appear to have persistent barriers to transplant," wrote Joshua J. Augustine, MD, and colleagues from the Cleveland Clinic, Case Western University School of Medicine, the Louis Stokes Veterans Administration Hospital and the Population Health Research in Cleveland. "Further contemporary analyses are needed to account for variables that contribute to such differential transplant rates."

Veterans have a higher rate of kidney disease compared with the general population, and kidney transplant outcomes in VA patients have been comparable to the general population, the authors wrote. VA patients do benefit from universal coverage of immunosuppressive therapy, with low or absent copays after transplantation.

"The high cost of immunosuppressive medications has been shown to be a deterrent to transplantation in the general population, and VA benefits may help to eliminate this barrier," the authors wrote.

However, the VA has seven kidney transplant centers available across the country, possibly explaining why 15% of veterans who get kidney transplants use VA centers for the surgery, the authors wrote.

"Traveling long distance to a transplant center creates barriers as described above, and VA transplant centers that serve veterans from multiple states and a wide geographic area face challenges related to high-patient volume and the difficulty in making an initial assessment by long distance chart review," Augustine told Heilio Nephrology. "The VA provides excellent access to care and affordable coverage of medication after transplantation. However, even with expansion of VA transplant centers, it may be hard to serve all veterans effectively prior to transplantation."

In the study, 302,457 transplant patients were identified in the Scientific Registry of Organ Transplantation database; 11,604 who received a living donor kidney transplant without being referred for transplantation and waitlisted were excluded. When reviewing distance to transplant centers, researchers said the median distance for VA patients in the study to a transplant center was nearly 10-fold greater than those with other insurance (282 miles vs. 22 miles). Even when comparing VA transplant rates from four local VA transplant centers with four local non-VA competing centers in the same donor service areas, VA patients still showed a lower transplant rate than privately insured patients despite similar adjusted mortality rates. Transplant rates for VA patients were similar to those of Medicare patients in the local study.

"We compared transplant rates with local non-VA centers in order to make a more direct comparison within the same donor service areas, since rates of organ recovery and transplantation can vary from different regions and organ procurement organizations," Augustine told Heilio Nephrology. "We were not completely surprised to see differences since publicly available Scientific Registry of Transplant Recipients (SRTR) reports had recently reported transplant rates to be lower than expected in three of the four VA transplant centers while transplant rates were greater than expected in the local academic competing centers. Differences did not appear to relate to poor health in veterans, as VA patients had good initial survival on the waiting list and better survival compared to Medicare patients. Differences also did not appear to be driven by poor socioeconomic status in veterans, as analyzed by ZIP code data. A more granular analysis of organ turndown rates and patient availability may shed light on the reasons for differences between VA and local non-VA centers."

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5.2 - Heilio: [Veterans Health Administration dialysis providers linked with lower mortality rates, increased hospitalization rates](#) (18 July, 581k uvm; Thorofare, NJ)

Veterans who initiated dialysis with a Veterans Health Administration dialysis provider appeared to have lower mortality rates, but experienced increased hospitalization rates compared to veterans who initiated dialysis at non-Veteran Health Administration facilities, according to research appearing in the Clinical Journal of the American Society of Nephrology.

"Given that veterans with ESKD who initiate dialysis under the Veterans Health Administration may have different survival rates according to their dialysis provider at initiation be it a VA dialysis unit or an outsourced dialysis provider such as DaVita or Fresenius or others, we sought to evaluate these important associations," Elani Streja, MPH, PhD, lead author of the

study and director of the transition of care in CKD project in Veterans Administration (VA) Long Beach, told Heilio Nephrology.

Streja and colleagues studied 68,727 U.S. veterans who initiated dialysis at either a Veterans Health Administration (VHA) or a non-VHA facility to examine the association of the provider with mortality and hospitalization rates within the first year of initiation.

Researchers found 10% of patients initiated treatment at a VHA dialysis center. These patients were younger, were more likely to be black, had fewer cardiovascular comorbidities and had lower eGFR at initiation; however, they were more likely to be hospitalized within a year.

"Yes, we did find that veteran patients who initiated dialysis treatment in a VA dialysis unit had a lower mortality risk but higher hospitalization rates than veterans initiating dialysis at outsourced units. This could suggest that focused hospitalization to enhance care is beneficial for survival," said Kamyar Kalantar-Zadeh, MD, study co-author, professor, chief of nephrology at University of California Irvine and principal investigator of the USRDS Special Study Center. "Moreover, since only 10% of all veterans initiate dialysis in one of the 75 VA units given space constraints, an incremental initiation of dialysis at twice-weekly could allow more veterans to start dialysis in the VA system."

Disclosures: Streja is an employee of the Department of Veterans Affairs. Kalantar-Zadeh has received honoraria and/or support from Abbott, AbbVie, Alexion, Amgen, American Society of Nephrology, AstraZeneca, AVEO Oncology, Chugai, DaVita, Fresenius, Genentech, Haymarket Media, Hofstra Medical School, International Federation of Kidney Foundations, International Society of Hemodialysis, International Society of Renal Nutrition and Metabolism, Japanese Society of Dialysis Therapy, Hospira, Kabi, Keryx, Novartis, NIH, National Kidney Foundation, OPKO, Pzer, Relypsa, Resverlogix, Sandoz, Sano, Shire, Vifor, UpToDate, and ZSPharma. Please see the full study for all other authors' relevant financial disclosures.

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5.3 - WVEC (ABC-13, Video): [Veterans Affairs nursing homes with low ratings in Hampton Roads, Documents from our partners at USA TODAY show patients in more than two-thirds of VA nursing homes were more likely to have bed sores and pain, compared to private nursing homes.](#) (18 July, Megan Shinn, 607k uvm; Norfolk, VA)

For the first time, the Veterans Affairs is making its annual nursing home ratings public.

The House Veterans Affairs Committee is investigating 133 VA nursing homes. The investigation comes after the committee learned the VA gave almost half of its nursing homes the lowest possible score in internal rankings.

All the nursing homes were rated on a scale from one to five stars. Ratings are evaluated on staffing, health inspections, surveys, and quality measures, according to an email from the Hampton VA media department.

Those quality measures include: the residents' health, physical functioning, mental status and general well-being.

Documents from our partners at USA TODAY show patients in more than two-thirds of VA nursing homes were more likely to have bed sores and pain, compared to private nursing homes.

In response to the report, a Hampton VA spokesperson told 13News Now the department cares for sicker patients in its nursing homes than do private facilities on average.

The VA has nursing homes in 46 states.

We looked into which of our community living centers made the list in Hampton Roads. Through the VA's website, we went to the ratings link. When you put in a Hampton Roads zip code, it pops up with at least three one-star rated nursing homes including: Carrington Place of Chesapeake, Coliseum Convalescent and Rehabilitation Center, and Autumn Care of Suffolk.

We reached out to all three VA nursing homes with one-star ratings. So far, we only heard back from one.

A statement from Autumn Care of Suffolk's attorney Gregory Nicoluzakis, Esq. our official comment is as follows:

"At all times Autumn Care of Suffolk acts in the best interests of its residents and promotes their health, safety, and welfare. A unitary star rating determined from afar by folks who may not have ever visited the facility does not accurately reflect the quality of care the facility provides and the number of positive outcomes encountered by residents and their families."

Butch Schupska is with the Veterans of Foreign Wars in Norfolk. When we showed him the results he said, "It's sad."

"All veterans are family," and this report makes him "just makes you want to go out there and just take them out and bring them home."

Family Law professor Lyanne Marie Kohm told 13News Now, "There are rights that the VA resident has. That any resident has."

Kohm said most times, those through the "resident's bill of rights," nursing home tenants have the right to be safe, have proper health care, privacy, and more.

So in light of this report she suggests, "Family members really need to keep an eye out for them (nursing home residents) and to follow up on any leads the person living in the home would suggest, gosh I've been mistreated," said Kohm.

She suggests going directly to the first nursing home administrator if there's an issue, and then working your way up to higher supervisors and a lawyer if needed.

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5.4 - Berkshire Eagle: [A Marine Corps vet's mission: Getting to bottom of VA care mishap](#)
(18 July, Ben Garver, 191k uvm; Pittsfield, MA)

A Lenox man is heading back to Northampton soon, ready after a year of turmoil to sit in a dental chair and receive the free care he earned by serving with the Marine Corps.

But he'll be on his guard. And on a mission.

Bruce A. Deloye's return to a veterans hospital comes after a yearlong fight to get to the bottom of a bad experience he says he suffered during a dental cleaning last August — a matter that's now one element, however small, in an ongoing federal probe of the quality of care delivered to veterans like Deloye in Western Massachusetts.

Even before the Veterans Affairs' Office of Accountability and Whistleblower Protection opened an investigation into a former staff doctor's allegations of substandard care at the institution, Deloye began seeking answers about why he suffered an intense burning sensation in his mouth and throat during a procedure Aug. 24, 2017.

Deloye, a Pittsfield native who is 81, receives care, like other veterans in Berkshire County, through the Central Western Massachusetts HealthCare System in Northampton.

The sensation occurred as his mouth was being rinsed during the cleaning and lasted about 10 seconds.

"The taste of that stuff was like drinking out of Silver Lake at its worst," said Deloye, referring to the Pittsfield lake polluted over decades by the General Electric Co. "It was a horrible burning experience. Who knows what was in that line."

He set out to uncover what happened. "I want to be a whistleblower," said Deloye.

Officials with the Northampton VA say Deloye's experience was limited and has not occurred again, though one other patient reported a "bad taste" in his mouth while receiving care in Dental Treatment Room 1242.

Deloye's quest for answers won him audiences with VA officials, including Director John P. Collins, and help from staff in the office of U.S. Rep. Richard E. Neal, D-Springfield. In late June, Neal informed Deloye by letter that his case has been referred to federal authorities investigating the facility.

The newly created whistleblower office continues to look into claims that the late Dr. Sarah Kemble detailed in a 23-page affidavit. Five days before dying of cancer in December, Kemble also had testified to the whistleblower unit.

Kemble flagged what she saw as problems with the Northampton VA's care in her three years there. Among her concerns: inadequate staffing, bad communication that led to delays in care and access by patients to illegal drugs.

Andre Bowser, spokesman for the Northampton VA, said the institution is cooperating "fully" with the federal investigation and said staff there are committed to providing high-quality care for veterans.

"This is all the information we have that is releasable at this time," he said in an email.

'Chemical waste'

Within days of his Aug. 24 dental clinic visit, Deloye contacted Neal's office, detailing in a handwritten, one-page letter what he had experienced. He said the cleaning seemed to be going routinely until about 10 minutes in, when he used a tube that provided liquid for rinsing.

He wrote that his mouth began to burn and he swallowed "what tasted like, for lack of a better description, 'chemical waste.'"

Deloye asked the dental hygienist what was happening. On leaving, he ran into the head of the clinic, Dr. Amit Sharma, and described his experience. Like the hygienist, Sharma said the liquid was distilled water.

"I demand to know what I swallowed," Deloye wrote. "I don't want this to happen to any other vets, and I don't want a VA coverup to occur."

Deloye suggested in his original statement to the VA that a cleaning agent might have been present in the line supplying the rinse water. He wrote that he was sharing his statement with Neal's office and with the veterans' agent in Pittsfield.

Deloye also had spoken again with Sharma, the Northampton VA's chief of dental services, who explained that, due to changes nationally, the facility used a new system employing suction and a water spray, rather than the old-style "cupidor" system in which patients spit rinse water into bowls.

After getting Deloye's statement, Cynthia Clark, a staff member in Neal's Pittsfield office, referred the matter to the Northampton VA's director in a Sept. 5 letter.

According to the VA, Sharma already had promised Deloye that he would have the cleaning system tested. That happened Sept. 6 — with no problems found by a unit called the Bio-Medical Equipment support group.

Tests done

In a response to the letter from Clark, Dennis R. Ramstein of the Northampton VA said the tests examined the exam chair as well as air and water connections in tubing in the room where Deloye had been treated. Ramstein, a public affairs officer, said the inspection group also contacted the maker of the chair.

It found that "there is no chance of cross contamination of any of the air, water, or suction lines used," Ramstein wrote. He said tests run every three months also had not found any contamination.

"To date we have found no errors in our dental equipment and have had no other complaints of the sort expressed by Mr. Deloye," he wrote.

Ramstein told Clark that Deloye's experience led the clinic to begin stocking water bottles so patients can rinse their mouths. He said the clinic is now purging all lines for four minutes after each cleaning instead of the 30 seconds recommended by the manufacturer.

Clark then relayed those findings to Deloye in a Sept. 27 letter.

But Deloye remained unconvinced.

He later learned that another veteran had reported having a "bad taste" during a procedure.

In October, Deloye spoke again with Sharma, after the dentist called him to check in. According to medical records that Deloye made available to The Eagle, the dentist logged that he had told the patient Oct. 17 the taste could have been the "highly diluted" sodium hypochlorite the clinic used to clean a device known as an ultrasonic scaler. That implement is used in dental cleanings.

Sharma said the scaler had been disconnected from the chair and the VA was ordering equipment so the device could be employed "without using the connections of the chair. Informed him that this was the reason he might have had a chemical taste in his mouth."

The entry closes, "Veteran thanked me and seemed happy."

Ramstein, who serves as outreach coordinator for the local VA, said Sharma told Deloye about the second patient's experience, which came several days after the chair and equipment had been inspected, "in the spirit of complete transparency."

The second patient did not file an official complaint, Ramstein said.

"The issue was determined to also be associated with the change to suction for removal of dental hygiene byproduct," he said, in response to questions about the issue, "rather than the previous rinse and spit routine. There have been no complaints of this nature since."

The chair in Room 1242 remains in use as before, Ramstein said.

But Deloye says a patient advocate who works for the VA told him the chair had been taken out of service, leading him to think that he had not yet gotten the whole story.

Visit with director

On Feb. 9, Deloye met for nearly an hour with Collins, the VA director. At Deloye's side was Phil Prew, a lifelong friend with whom he rode a bus south to boot camp in 1954.

Though assured that tests of the dental clinic equipment had been performed eight months earlier, with no problems found, Deloye felt he wasn't getting straight answers.

Along the way, a patient advocate who had provided early advice, and had told him about the second patient, stopped returning his calls, Deloye said.

Because Deloye didn't want to return to Northampton for dental care, the VA helped him get an appointment with a private practice in North Adams.

"This thing is snowballing into a nightmare," Deloye said in a May interview at The Eagle, as Prew listened.

"Now it's grown into something bigger," said Prew.

Deloye's own medical record now records his emotional odyssey — as well as occasional flashes of temper.

"Veteran in clinic to vent about the frustration and anger he feels," a nurse's Oct. 16 note reads. "Mr. Deloye said that he is angry and disappointed at the [Northampton] hospital director's staff — all of whom appear to be ignoring his concerns."

"He said that he has made it his personal mission 'to get answers and an explanation' from the facility leadership. Vet said his goal is to advocate not just for himself but so the same mishap does not happen to [other] veterans receiving dental services."

The next day, the same registered nurse, Dina Malone, saw Deloye and logged into the medical record that Deloye was upset and exhibiting "hyperfocus" and "perservation of thought" in the way he spoke repeatedly and insistently about his inquiry into his dental experience.

"Veteran's perception of being ignored by VA leadership," Malone wrote, "seem[s] to have triggered ongoing state of anger (self proclaimed 'being like a pitbull dog' unwilling to let go of the matter at hand) thereby continually pursuing all possible avenues toward reinvestigation of the subject."

Though he still harbored doubts about what actually happened in the dental clinic, Deloye felt he was accomplishing something just by reaching out. He expanded his efforts, including calls to the office of Sen. Edward Markey.

That feeling was confirmed when he learned his case had been referred last month by Neal's office to investigators.

"Without pressures, the system will never change," Deloye said in a recent interview, reflecting on his months of advocacy. "We've had so many directors of the VA. It's the same old machine. If there's enough pressure applied, the system will change."

But the former Marine still feels it's an uphill fight. He wonders if he'll hear from authorities alerted by Neal's office.

"After that letter, nothing," he said. "No one has contacted me."

'For other veterans'

Jim Clark, Pittsfield's director of veterans services, believes Deloye advocated for himself well over the past year. Though Clark says his own care through the VA has been "top notch," others have had experiences that warrant review.

"I think he really got the answers," Clark said of Deloye. "It wasn't just for himself. It was for other veterans who went there. He wasn't a lone duck."

"All the right people were put into play. He went through all the right steps," Clark said. "I think he's happy with where he got."

As the anniversary of his dental visit nears, Deloye is going back to Northampton, in part because imaging shows a "shadow" on his jaw that needs to be evaluated.

"We're worried about cancer of the jaw, but I don't think I have it," Deloye said.

The fact that Deloye is coming back for an oral surgery consultation in August, Ramstein told The Eagle, is evidence that trust has been rebuilt.

Deloye acknowledges that progress has been made. He said Sharma, the VA dental chief, has been responsive.

"They've been going overboard for me," he said of the VA.

But when Deloye goes to Northampton, he'll have a few items in tow.

"I said 'I'll bring my own water and my own spittoon,'" Deloye said.

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5.5 - Greenville Sun: [Ahead Of Trial, Judge Upholds VA Policy](#) (18 July, Ken Little, 70k uvm; Greenville, TN)

Robert D. Rose Jr. implored a federal judge Tuesday to consider the plight of military veterans denied relief from chronic pain by the Department of Veterans Affairs as a result of recent VA policies drastically limiting the amount and type of opioid-based pain medications prescribed for treatment.

U.S. District Judge Travis R. McDonough listened to impassioned arguments by Rose in support of an injunction he filed that could have opened the possibility of other veterans seeking legal options to being denied long-prescribed opioid medications. McDonough also heard responses from government attorneys who maintained the VA is rightly following recent federal policy in weaning many veterans off opioid-based medications.

McDonough denied issuing an injunction, saying that Rose offered insufficient proof, effectively narrowing the scope of the lawsuit filed last year to Rose vs. the Mountain Home VA Medical Center and releasing a number of doctors and other defendants initially named in the November 2017 civil action.

Rose, 52, of Gray, said he continues to suffer debilitating pain since being tapered off opioid pain medications beginning in 2016 for chronic medical conditions connected to his service as a Marine. He maintains VA policies drastically affect his quality of life, along with many other veterans now compelled to seek alternate methods of pain relief.

Chattanooga-based McDonough also set a July 2019 trial date for the lawsuit. The case will be heard in U.S. District Court in Greeneville.

"I'm not going to stop fighting this," Rose said Tuesday afternoon as he left the courtroom.

Rose sought to obtain an order from the judge to suspend the VA and Department of Defense policy tapering off prescription of opioid-based medications for former and current members of the military.

In his amended complaint, Rose made a number of legal claims naming as defendants the U.S. government, the VA and individual medical providers who treated him, along with U.S. Rep. Phil Roe, who was earlier excused by McDonough from attending the hearing.

Government lawyers maintained at the hearing that Rose alleged no “viable cause of action” against the defendants. For purposes of the injunction sought, McDonough agreed.

McDonough said while announcing his ruling on one of the allegations that Rose “is not likely to win on the merit of his claims.”

Rose said he cannot afford a lawyer and represents himself. Assistant U.S. attorneys Kenny L. Saffles and M. Kent Anderson represented the government.

Rose’s legal arguments cover a wide range of legal territory, including various constitutional violations, violation of the Medicare Act, violation of the Proxmire Act that likens the alleged actions of the VA and other defendants to “genocide,” violation of international treaties signed by the U.S. that cover humanitarian law, violation of the Americans with Disabilities Act, medical malpractice, and alleged libel and slander.

Rose named Roe in the lawsuit, but McDonough said after a teleconference earlier this week that the congressman did not have to appear at the hearing because his is not directly connected to the VA. Roe, chairman of the House Committee on Veterans’ Affairs and a medical doctor, called lawsuit allegations about him “frivolous” in a court document.

Rose told McDonough in court that the VA opioid policy affecting him and many others puts veterans in the same category as habitual drug users and is “unjustifiable.”

“They’re doing this the same way they did Agent Orange. They ignored it and denied it for 30 years,” Rose said.

He cited rising suicide rates among veterans and said federal figures for prescribed opioid overdoses are inflated, while the overdose rates for powerful drugs purchased on the street like heroin and fentanyl on the streets continue to rise.

The stricter VA policy is “a death sentence for people like me and (others),” Rose said.

“You have a power. You’re a federal judge,” Rose told McDonough. “You can save lives. The choice is yours.”

Rose was told in 2016 by a VA provider that his prescription for morphine would gradually “taper” and then be stopped.

Rose answered in the affirmative when asked by Saffles if he has seen a private physician since last year after obtaining insurance. He is prescribed some medication that helps his health conditions, but not at the level he received from the VA to mitigate constant pain.

Rose denied breaking a “pain contract” he signed with the VA in 2016, and challenged Saffles to produce proof that showed he did.

Rose obtained private insurance in July 2017.

"It took that long because I was thinking the VA had my best interests in mind. They did not," he said.

The Marine veteran who suffered a debilitating service-related injury filed the lawsuit last year in U.S. District Court. It seeks a total of \$350 million in damages from defendants that included employees of the Mountain Home Veterans' Affairs Medical Center and Roe.

Rose, a former teacher who is now disabled, served in the Marine Corps from 1983 to 1994. He is now on 100 percent disability due to service-related injuries that affected his back, spine and legs and caused other complications that leave him in constant pain. He is also a diabetic and has other medical conditions.

Rose seeks personal damages of \$100 million "for pain, suffering and extreme torment" since Nov. 1, 2016, "after being forced on pain medication taper on Oct. 15, 2016, as part of VA policies supported by (Roe)," the complaint said.

The civil rights violation lawsuit also asks for punitive damages of \$250 million, with the amount to be placed in a trust to be used to provide free legal representation "to veterans and civilians being discriminated against by governmental agencies, medical and/or doctor offices and doctors to receive the best possible health care to include opioid-based medications for intractable pain" and education of doctors and the public of the need for opioids to treat certain conditions.

Rose acknowledged the "street drug problem" in a 2017 interview but also said pain medicines have "a place in society" for those whose quality of life is impacted when opioid medications are taken away or reduced.

"Many of (my) injuries were degenerative in nature with no current medical procedure available resulting in long-term Intractable Pain Disease," Rose's complaint states.

It claims that since October 2016, providers at Mountain Home VAMC have denied Rose and "90 percent of all veterans being treated there" all pain medications.

The policy is "genocidal in nature as it targets veterans," according to the complaint, which was prepared by Rose.

Rose said he and other veterans with chronic pain issues should not be grouped with victims of the opioid abuse epidemic sweeping Tennessee and the nation.

"One size does not fit all," he said.

The VA embarked on a policy that focuses on alternative methods of treatment and gradually tapering off the prescription of opioid-based pain medications for many patients. The policy makes it harder for veterans and active U.S. military service members to obtain opioid pain medication.

The VA and Department of Defense released a new clinical practice guideline in 2017 for VA and military doctors that strongly recommends against prescribing opioids for long-term chronic pain, or pain that lasts longer than 90 days.

The new guideline is even more stringent than one released in 2016 by the Centers for Disease Control and Prevention.

The guideline recommends against long-term opioid therapy for patients under the age of 30. It also urges VA and military doctors to taper off or discontinue opioids for patients currently receiving high doses.

Rose says for him that amounts to a life confined to his bed or recliner and the inability to care for his wife, who has cancer and a chronic heart condition.

"Every time I take a breath, it's painful," Rose said. "The VA used us as guinea pigs to come up with that policy."

Rose said he served in Italy, Spain and at Camp Lejeune in North Carolina, including two deployments to the Mediterranean.

During a training exercise involving climbing in Italy, Rose said he fell 60 feet backward down a cliff face into the Mediterranean Sea, suffering injuries to his spine, hips and legs. The injuries eventually resulted in his leaving the service.

Several veterans and others also denied pain medications for health conditions filed letters of support for Rose that describe their own experiences since stricter policies governing opioid prescriptions went into effect.

Carson E. Carter, who served in the Navy and Air Force and then had a career as a licensed therapist with departments of correction in Washington State and Missouri, said he has had two open back surgeries and will be cut off from a less potent type of VA-approved opioid pain medication than Rose received in about 10 days.

"I will have to (get off) myself and step myself down," Carter said. "The (VA doctor) that I saw didn't even ask about about it."

Carter, of Kingsport, believes health care plans should be tailored to the individual.

"All corporations and the federal government have a standard where all treatment plans have to be individualized," he said.

He said the VA's opioid restriction policy is an apparent contradiction. Carter learned of Rose's lawsuit and was one of those who wrote letters of response supporting him that were submitted to McDonough. No testimony was allowed at Tuesday's injunction hearing other than statements presented by Rose and the government.

"They are clearly defending this kind of blanket policy and blanket treatment plan," Carter said. "The main point is there's a disconnect about what the judge knows, what (information) the attorneys present and what's happening with the boots on the street."

Saffles declined comment after the hearing.

Rose said he will continue efforts to curb "legislators with no medical degrees passing laws they know nothing about."

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5.6 - The Cap Times (Video): [Rebuilding: Tomah VA Medical Center works to improve after opioid scandal](#) (18 July, Katelyn Ferral, 20k uvm; Madison, WI)

When Sam Hipp sees political ads rehashing the Tomah Veterans Administration Medical Center's opioid scandal, he gets angry.

The 32-year-old Army veteran served in Iraq in 2009 and recently completed an inpatient substance abuse program there. Ads featuring Tomah's past problems are insulting and inhibit veterans from seeking help, Hipp said.

"Using something in a political race, it's unsavory. It doesn't affect just their campaign, it affects the people's lives that the VA is helping," he said. "It was several years ago and obviously there have been changes since then."

"It's hard to be a veteran and just live your daily life, but it's also hard when you can see political ads that are essentially using you and using your treatment programs, whether it be to mudsling or to promote their own campaign," he said.

Hipp has received treatment at several VA hospitals across the country. Before he came to Tomah, he heard of its reputation as "Candy Land," where doctors were known to over-prescribe painkillers. A 35-year-old Marine Corps veteran, Jason Simcakoski, died of an overdose there, prompting a firestorm of scrutiny and several government investigations.

Yet Hipp said he has had excellent care at Tomah and has stayed in Wisconsin because of it.

Nearly five years after the Tomah VA opioid scandal was outlined in a report published by the Center for Investigative Reporting, patients, veterans groups and federal officials say there has been a turnaround, pointing to data showing a decrease in opioid prescription rates. Where there was a previous culture of fear and retaliation, employee morale has also improved, they say.

Tomah's leadership has been replaced and the facility has been chosen as a model site by the VA for several alternative health programs and therapies. Its Pain University, a series of classes that help veterans understand how pain works and how they can manage it outside of pills, is now being replicated at other VAs.

Issues at the Tomah VA foreshadowed a nationwide opioid epidemic and a public health crisis for states and municipalities, which has taken a central role in political campaigns.

The Cap Times asked to spend a day at the Tomah VA Medical Center in April, and was given access to three Tomah patients and several officials who oversee its operations and medical programs. The hospital does not allow reporters to approach patients on the facility grounds without first getting clearance from the administration.

Tomah has remained a fixture in the state's U.S. Senate races. It was the focus of political ads in the 2016 U.S. Senate race between Ron Johnson and Russ Feingold, each alleging the other didn't do enough to protect veterans. Tomah was featured in the first digital ad of the 2018 Senate campaign, more than a year before voters will go to the polls.

In the ad, released in March 2017, the Republican Party of Wisconsin accused Democratic incumbent Sen. Tammy Baldwin of a “cover-up,” followed by a press release listing a timeline of the issues there.

Since then, Baldwin’s opponents, Republican state Sen. Leah Vukmir and Kevin Nicholson, a business adviser, have not hesitated to hammer the issue. More than \$10 million has been spent by other groups outside of Wisconsin on ads attacking Baldwin’s record, some highlighting her office’s slow reaction to a whistleblower complaint in 2014.

“Senator Baldwin looked the other way when a whistleblower came to her with a complaint that one veteran had lost his life and others’ lives were imperiled by mistakes at the Tomah VA hospital,” said Nicholson, a Marine Corps veteran.

“While Tammy is now running around trying to embrace the heroin and opioid addiction problem, she ignored a major one at the Tomah VA,” said Vukmir, a registered nurse, in a Cap Times story last month. Vukmir and Nicholson will face off in the Aug. 14 primary and the winner will challenge Baldwin.

Baldwin has acknowledged her office failed to act properly after getting complaints about Tomah, firing one staffer and demoting others after she conducted an internal investigation of her office. Senate ethics panels dismissed complaints over the firings and how her office handled the scandal. She said she is now focused on creating legislation that can fix problems and make VA health care better. She developed and worked to pass the bipartisan “Jason’s Law,” named for Simcakoski, that cracks down on the overprescribing of opioids throughout the VA.

“I understand some people want to play politics with our veterans’ health care, but I’m focused on solving problems at the VA,” Baldwin said.

The latest ad of the 2018 campaign featuring Tomah was released by Concerned Veterans for America, a branch of the conservative advocacy group Americans for Prosperity.

“It has been important to us to make sure Wisconsinites remember (Baldwin’s) failure to act urgently with the information she had,” said Luis Cardona, the coalitions director for the group. “We will continue to monitor and speak out on what is happening at VA medical centers such as Tomah until we are able to secure better care and more health care choices for veterans.”

Disabled American Veterans, a national organization that gives free rides to veterans to attend VA hospital appointments, has monitored opioid issues at Tomah since the scandal broke.

The group has worked with members of Congress to craft legislation to reduce opioid usage. It continues to track issues at the Tomah VA by attending town halls and soliciting feedback from its volunteers.

“Some seeking political advantages continue to dwell on the past. Tomah has used its past tragic events to develop a modern, innovative mental health program of high quality for veterans,” said Al Labelle, who has monitored and met with VA officials at Tomah and in D.C. about the scandal. “Simply put, Tomah VA, like the Phoenix, has risen from the ashes.”

When Victoria Brahm became assistant medical director of Tomah in October 2015, it was unclear whether the facility would remain open.

"The culture was toxic. The leadership was gone. There were concerns about the practices, the medication practices, especially with the opioids and benzodiazepines," said Brahm, who has worked in the VA system for more than 37 years and became medical director of the Tomah VA in 2017. "There were concerns about stabilizing the staffing because we had lost a lot of employees who walked out because they weren't even sure if the Tomah VA would survive. The change had to happen."

Heading into a second election cycle where Tomah has been used as a political test for a candidate's concern for veterans, Brahm acknowledges Tomah, as a government-run hospital, is inherently political.

"It is what it is," she said. "Growing up in the VA system, I know we are of a political nature. We are of a federal nature. Knowing that, there is no use complaining about it, we need to roll with it."

"This stuff we know, it happened. We admitted it. We dealt with it. It's way better, so I guess my frustration or my goal is to make sure the new stuff is getting out."

Before leading Tomah, Brahm was chief nursing officer for the VA's Integrated Services Networks, or VISN, which works with hospitals across the VA system. At VISN Brahm monitored and followed up on elevated opiate prescriptions at Tomah and worked with nurses to help maintain staffing levels.

Turnover at the facility is now at 5.5 percent. That's nearly double the federal VA benchmark of 2.4 percent, but down from 13.9 percent in 2015.

Her approach to dealing with the stigma of the facility's past is to fortify the processes that work and discard the ones that do not, she said.

"There is a whole other side to these things and sometimes I think it's a matter of the public not understanding. I'd like to say our data can speak for itself. Our veterans can speak for themselves. Are we perfect? No, we're not perfect. We're striving for excellence ... we will continually look for ways to improve and when we find those areas we need to improve on, we will do it."

She cited the facility's issues last year with a dentist who was using unsterilized tools. A VA Inspector General report released in September 2017 confirmed the practice and found that VA staff failed to report the dentist to hospital administration.

Brahm suspended the dentist, who later resigned, and offered dental screenings to nearly 600 patients to ensure none got sick because of the unsterilized tools.

"I think transparency is the key," she said. "I just keep focused and if I get questioned I try to just be right out there and tell the truth, 'Yep things have happened. Yep, we had a dentist that didn't do the right thing. Our patients are safe to receive dental care again.' That's all we can do and we hope we can rebuild the trust for the veterans that have lost it."

Wait times at Tomah and at other VAs has also been a source of contention, but officials at Tomah say they are pleased with where wait times are for most primary care services. They monitor and rectify instances where wait-times are longer than 30 days for non-emergency services, according to the facility.

Tomah is one of 18 VA hospitals nationwide to host a “Whole Health” program, offering veterans a range of alternative therapy treatments including battlefield acupuncture, healing touch, yoga and aromatherapy to address pain. Mental health and addiction treatment are also provided.

A 10,000-square foot Whole Health Wellness Center is set to open in December and Tomah has realigned some staff and is hiring more, aiming to allocate 13 staff members to the program.

Tomah also offers classes through the Pain University curriculum it developed. Pain University teaches veterans about chronic pain and how they can manage it more effectively, with less dependence on a narcotic painkiller.

The program, started in May 2016, came after physical therapists at Tomah said they kept seeing patients with chronic pain who could not find relief.

“The thought is that the education portion is the therapy,” said Bradley Schaack, who has been a physical therapist at Tomah since 2010 and teaches Pain University classes. “If you can understand how (pain) works in your body, how your body produces pain, that’s going to give you more tools to help treat it.”

Elements of Pain University are now used at 12 other VA facilities. The 25 classes at Tomah cover a variety of topics, including ones on understanding endorphins, opioids and the physiology of pain. It was recognized last year in the VA’s “Diffusion of Excellence Initiative,” which aims to spread innovative programs and best practices across VAs. More than 200 patients have graduated from the program, according to the VA.

It has been a paradigm shift for patients as well as medical providers at Tomah, said Kristin Eneberg-Boldon, rehabilitation manager at Tomah who helped develop Pain University.

“It’s not just one type of treatment but we’re really changing how we do things,” she said. “We tended to work in silos years ago and it’s really coming together now.”

According to the facility, it has reduced the number of veterans prescribed a benzodiazepine, a type of psychoactive drug used to treat anxiety and seizures, by 58 percent. The number of patients receiving an opioid for pain has decreased by 41 percent.

Battlefield acupuncture is one therapy growing in popularity. It involves placing small, retractable needles in five points on a patient’s ear. The needles relieve pain by suppressing the transmission of it throughout the body and releasing chemicals to reduce feelings of pain. The theory is that the ear is a microcosm of the whole body.

For Frank Smith, 62, a Marine Corps veteran, it is the only therapy that has consistently worked, giving him the longest relief from his chronic back pain. He said he was nervous at first to try it, but said his pain is down overall and his energy is up.

He now tries to make an appointment every few weeks.

"My pain is going down right now as she's doing it," he said, as Dr. Katherine Pica placed needles in his ear. "She knows exactly the right points to hit."

Another of Tomah's major initiatives is outreach: trying to get veterans who are former patients to come back, and to reach other veterans who may need treatment. Brahm meets with Congressional representatives to update them on Tomah quarterly, and she holds regular in-person and telephone town halls where veterans and community members can ask questions.

"We hope we can rebuild the trust for the veterans that have lost it," she said.

Federal VA officials affirm that Tomah has made significant strides over the last four years.

"Under the leadership of Victoria Brahm, the Tomah VA Medical Center has made an incredible turnaround and has led the charge to provide non-pharmacological pain relief and Whole Health services to veterans. Because of this, veterans are receiving pain relief through a number of non-pharmacological therapies, including aquatic therapy, battlefield acupuncture, yoga and tai chi," said Dr. Carolyn Clancy, the executive in charge of the Veterans Health Administration, who also led the Inspector General's investigation of the facility in 2015.

Clancy said she is pleased with Tomah's progress in morale and workforce culture, too, noting that the registered nurse turnover rate has decreased by 63 percent.

"Tomah leadership has worked hard to make positive changes at the facility, and the staff's hard work has been central to the facility's accomplishments," she said in an email.

Jake Leinenkugel, who ran Jacob Leinenkugel Brewing Co. in Chippewa Falls for 25 years before retiring in 2015, was appointed senior White House advisor to the U.S. Department of Veterans Affairs by President Donald Trump last year. He has been getting to know Brahm and other staff members at Tomah over the last 18 months and calls Brahm "a true change agent," he said in an email.

"She has done an incredible job bringing in a diverse and energetic group of leaders to make this happen. She is inclusive, driven and completely focused on veterans' access to quality care and their whole health spectrum," he said.

"It shows that a medical center can make a 180-degree turnaround with the right leadership," Leinenkugel said.

The facility has also started a new partnership with the Mayo Clinic to serve veterans with specialty care needs. Mayo will see Tomah VA patients if a service that is needed is not available there, said Rick Thiesse, a spokesman for Mayo Clinic Health System Franciscan Healthcare. The Tomah VA is the only VA hospital that Mayo has this contract with.

"This pilot agreement ... provides an innovative path for eligible patients to seek care through the MCHS southwest Wisconsin practice. The agreement is still in its early stages and will be evaluated as we gain more experience in the partnership, but we hope that this is a model that could offer a longstanding solution to the needs of local veterans," Thiesse said.

Another veteran enrolled at an inpatient program at Tomah said he has been pleased with his care at the facility, noting that it is superior to how he's been treated at other VA facilities in Wisconsin and across the country.

Kristopher Heimerl, 30, is an Army veteran who served in Iraq from 2008-09. He came to Tomah in 2016 seeking help for several health issues related to his service, including post-traumatic stress disorder.

He said though he has had poor experiences at other VA hospitals, dealing with apathetic and unresponsive staff, the Tomah VA has changed his life as and become his safe haven. He completed the inpatient PTSD program twice and is currently in a substance abuse treatment program.

"I can't even count the number of times I was about to wrap a rope around my neck and I called the VA and I got help," he said. "Unfortunately, because of the stigma that the VA has... a lot of vets, they don't want to come to the VA. They don't want to get help."

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Wall Street Journal: [Opinion - A GI Bill Wrong From the Pentagon, Benefit restrictions that kick in after 16 years of service.](#) (18 July, Maria Biery, 43.6M uvm; New York, NY)

Donald Trump promised in his victory speech that he would "finally take care of our great veterans." He took a step in the right direction last year by signing the Forever GI Bill, which lifts the time limit on veterans' educational benefits and makes it easier to transfer benefits to dependents. But the Defense Department took a step in the wrong direction last week, prohibiting members of the armed forces who have been in the service for more than 16 years from transferring their GI Bill benefits to dependents.

The new rule is meant "to more closely align the transferability benefit with its purpose as a recruiting and retention incentive," the Pentagon explained in a statement. The idea is that people who've served for 16 years have already shown a propensity to stay and therefore don't need an incentive.

After six years of service, members can transfer their GI Bill benefits to a spouse or child—under the condition that they commit to serve at least four more years. After 10 years, service members can still cash in on the benefit, subject to the requirement only that they "serve for the maximum amount of time allowed by such policy or statute"—which can be less than four years. Transfers must be submitted while one is still in active-duty service.

Advocates of the Forever GI Bill aren't happy with the 16-year cutoff. "We understand the minimum time-in-service for transferability eligibility, and that makes sense from a retention

perspective," said Joe Plenzler of the American Legion. "But the 16-year transfer-or-lose rule makes no sense to us . . . and disadvantages the veteran when it comes to the full use of this earned benefit."

Pentagon spokeswoman Jessica Maxwell said in an email that "with these updates, the department addresses the intent of Congress and ensures the benefit is available for future service members." She added that the decision will affect only 9% of those on active-duty service—but if the effect is so small, why is the change necessary?

The six-year minimum requirement to receive the transferability benefit remains intact, and therefore so does the retention incentive to serve longer in the military. Why should those that have proved their commitment be penalized with limits on their benefits?

Ms. Biery is a Robert L. Bartley Fellow at the Journal.

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7.2 - Military Times (Reboot Camp): [VA behind schedule on implementing GI Bill changes](#) (18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

Some veterans using Post-9/11 GI Bill benefits to attend school this fall could get an inaccurate housing stipend early in the semester.

That's because the Veterans Affairs Department is behind schedule on implementing aspects of the Forever GI Bill, signed into law last year, that relate to how veterans' housing stipends should be calculated.

But VA promises that it will reimburse GI Bill users for any underpayments that result — and let them pocket overpayments.

VA officials told members of Congress Wednesday that though these provisions were supposed to go into effect Aug. 1, the department missed its July 16 deadline to have the technology systems ready and has pushed back its target date to the middle of August.

In the meantime, school certifying officials have been instructed to process students' records under the old rules, which calculate housing stipends based on the location of the school's main campus. On Aug. 1, that was supposed to change to the location of the campus where a student takes the most classes, so some students could be under or overpaid on their first check.

The VA will correct underpayments as soon as possible, and veterans who are overpaid because of this issue will not be required to pay that money back to the VA, said retired Gen. Robert Worley, head of VA's education service.

"We're doing everything we can to make this a smooth and seamless rollout," he said, assuring members of Congress that staff members are working overtime and that there is "progress being made daily."

He said the VA pays about 500,000 GI Bill beneficiaries each fall and is on schedule to meet the Aug. 1 deadline on several other provisions, including one that provides the full 36 months of GI

Bill benefits to Purple Heart recipients, regardless of how long they served in the military, and another calculating reservists' time on active duty.

"All of that — it hasn't been easy, but it's gone very well," Worley said. "We have the data in place that we need for (Aug. 1) and we're ready to go."

Another Forever GI Bill provision that will be ready come the first of the month is the expansion of the Yellow Ribbon program to include surviving family members using the Fry Scholarship. Yellow Ribbon is an agreement schools can enter into with VA to supplement students' costs not covered by the GI Bill.

"The timely delivery of education benefits to our chapter members is SVA's highest concern, especially as the fall semester nears," Lauren Augustine, vice president of government affairs at Student Veterans of America, said in an email. She said that while SVA appreciates the steps that the VA has taken to make stakeholders aware of the issue and to ensure the Forever GI Bill is administered both efficiently and effectively, the technology challenges are concerning.

SVA and other organizations have lobbied for a new division at the VA focused specifically on economic opportunity that would focus on veteran transition-related issues, including education benefits, and Augustine said this is another example of why this is needed.

"We will continue to work closely with (Veterans Benefits Administration) leadership and Congress to ensure the Forever GI Bill achieves its full impact and support VBA through their proactive communication with schools, student veterans, and advocates as this issue is resolved," she said.

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7.3 - Military Times (Reboot Camp): [New GI Bill transfer restrictions: 7 things you need to know](#) (18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

The Pentagon's new rules on transferring GI Bill benefits to dependents, announced last week, have created a lot of concern and confusion among service members, veterans and military families.

Will you still be able to transfer your benefits? What if your toddler won't be old enough for college by the time you hit the new time-in-service limit? What effect will this have if you've already transferred your benefits?

If you've been struggling with questions on the new rules, we've got you covered.

1. What changes have already taken effect?

VA behind schedule on implementing GI Bill changes

As TA use drops, could recent policy changes get more service members using the education benefit?

The Defense Department requires service members to commit to serve an additional four years in the military in order to transfer GI Bill benefits to a dependent. Prior to last week's policy

change, that requirement could be waived in some cases if it wasn't possible for a service member to serve another four years.

The new policy ends such exceptions, meaning that regardless of what branch of the military you serve in, if you can't commit to another four years for any reason, you can't put in for a GI Bill transfer. Though there's been some confusion about whether this aspect of the policy change applies immediately to members of all service branches, this change is, indeed, currently in effect across DoD.

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"If there are reasons that preclude a service member from committing to four years of service, that service member cannot sign up to transfer their benefits," a DoD fact sheet on the policy said, listing this as one of the changes that "go into effect immediately."

2. How long must I serve to be able to transfer my GI Bill?

Previously, DoD required troops to have served at least 6 years in order to request a GI Bill transfer. That requirement remains, and the Pentagon's new policy will also require that service members not have served more than 16 years. So you'll need between six and 16 years in uniform.

It's important to note that because the 16-year cap doesn't go into effect until July 12, 2019, service members who have been in longer than that have a year to transfer their GI Bill benefits — as long as they can still commit to serving four more years. So, if you've been in for 20 years and can commit to 24, make sure you take advantage of this before time's up.

3. I've already transferred my GI Bill benefits. Does this rule change affect me?

No, you're safe. The policy change will not affect service members who have already transferred their GI Bill benefits, according to Jessica Maxwell, a DoD spokeswoman.

4. If I transfer my benefits now, can I make changes later on?

Yes, you can. If you want to add another child to your list of beneficiaries or divvy things up between your dependents a little differently, you can do that even if you've been in the service for more than 16 years.

5. Does my kid have to be old enough to use the GI Bill by the time I hit 16 years?

A dependent child must be 18 or younger when the GI Bill benefits are transferred to them -- or under 23 in special cases for approved programs, Maxwell said. To use the GI Bill, the dependent must be 18 or a high school graduate.

So in other words, you can go ahead and transfer the GI Bill to your 2 year old without a worry. They just won't be able to use it until they're of age.

6. I'm in the Coast Guard. Do these changes apply to me?

Even though the Coast Guard is under the Department of Homeland Security and not DoD, the same changes apply.

7. I want to transfer my GI Bill benefits. How do I get started?

Log onto DMDC milConnect. At the top of the page, you'll see a section labeled, "I want to." Click on the "Transfer my education benefits" option and go from there.

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7.4 - Los Angeles Daily News (City News Service): [LA soldier killed in World War II to be buried at Riverside National Cemetery](#) (18 July, 886k uvm; Los Angeles, CA)

Funeral services will be held this week for a U.S. Army staff sergeant and Los Angeles native who was killed during World War II but whose remains were not identified until earlier this year.

Staff Sgt. David Rosenkrantz, 28, was killed Sept. 28, 1944, while on a mission to disrupt German defensive lines in the Netherlands. His platoon was occupying a farm near the town of Groesbeek when they were overrun by the German infantry.

Rosenkrantz and other paratroopers tried to hide behind trees and buildings, but when he rose from his position, "enemy gunfire erupted and Rosenkrantz was killed," according to the Defense POW/MIA Accounting Agency. "Due to enemy fire and the proximity to enemy troops, Rosenkrantz's remains could not be recovered."

According to the agency, the remains of service members killed in the area were later collected by a Canadian team, and several that could not be identified were buried as unknown soldiers in cemeteries around Europe. A separate team in the area subsequently found Rosenkrantz's ID tags.

Last year, DPAA researchers traced his remains to the Netherlands American Cemetery. His remains were exhumed last June and teams were able to eventually confirm their identity through DNA analysis, according to DPAA.

Rosenkrantz is scheduled to be buried with full military honors at noon Friday at Riverside National Cemetery. According to the Fields of Honor Database, Rosenkrantz had four brothers, all of whom served in World War II and all of whom are also buried at Riverside National Cemetery.

Gov. Jerry Brown issued a statement Tuesday honoring Rosenkrantz and saying flags would be flown at half-staff over the State Capitol.

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7.5 - Government Executive: [Expanded Job Training for Vets, GI Bill Changes and More](#) (18 July, Erich Wagner, 870k uvm; Washington, DC)

The House Veterans' Affairs Committee last week voted to advance several measures that would expand benefits for veteran military personnel and reservists.

The Reserve Component Vocational Rehabilitation Parity Act (H.R. 5538), introduced by Rep. Scott Peters, D-Calif., would expand eligibility for vocational rehabilitation and employment

programs to reservists called into active service under involuntary deployment orders to the site of a national emergency or for pre-planned combat support missions.

Currently, such deployments, which occur under 12404(a) or 12304(b) orders, do not count toward reservists' and guardsmen's time of service. Last year, Congress approved a broad expansion of the GI Bill that included closing a similar loophole for other educational benefits.

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"Our guardsmen and reservists serve honorably in support of combat missions," Peters said in a statement. "They have earned the same employment and education benefits as any other reservist through their service, regardless of the authority under which they were deployed."

The committee also approved the Gold Star Spouses Leasing Relief Act (H.R. 5882), introduced by Reps. Cheri Bustos, D-Ill., and Brad Wenstrup, R-Ohio, which would allow military spouses to break long-term rental agreements without penalty in the event of a service member's death.

The bill would expand to Gold Star spouses existing protections allowing active duty military personnel to break home or apartment rental agreements, car leases and cell phone contracts, which often are paired with expensive cancellation fees, when they are deployed or relocated.

"The families of our fallen heroes have already sacrificed far too much, and we should do everything in our power to ensure grieving spouses are able to do what they need to do to support their families," Bustos said in a statement.

The Defense Department last week also announced changes to how the Pentagon will handle GI Bill eligibility transfers from military personnel to family members. Effective July 2019, only service members with at least six years of service, but less than 16 years of total service will be eligible to transfer their GI Bill benefits to family members. Currently, service members are only required to have at least six years of service to transfer their GI Bill eligibility to their kin.

Department officials said in a statement that the change is intended to improve retention of service members.

"After a thorough review of the policy, we saw a need to focus on retention in a time of increased growth of the Armed Forces," said Stephanie Miller, director of accessions policy in the Office of the Secretary of Defense. "This change continues to allow career service members that earned this benefit to share it with their family members while they continue to serve . . . This change is an important step to preserve the distinction of transferability as a retention incentive."

The Pentagon said the changes will not apply to service members who fail to fulfill a service obligation because of a "force shaping" event, and benefits transfers still will require a four-year commitment in the Armed Services. A service member must be eligible to be retained for four years from the date of the transfer.

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8. Mr. Wilkie nomination for VA Secretary

9. Other

9.1 - KYTV (NBC-3, Video): Patient arrested after making threats to VA Clinic in Mount Vernon, Mo. (18 July, Linda Russell, 818k uvm; Springfield, MO)

A man is in custody after police say he threatened workers at the Veterans Affairs Clinic in Mount Vernon, Mo.

FBI agents arrested Richard Leslie Turner, 48, in the 200 block of East Kearney in Springfield Tuesday night without incident. He faces a charge of making a terroristic threat. A judge held him without bond.

Police put the clinic on lockdown Tuesday after a threatening call was made to a doctor. Mount Vernon Police Chief Dave Hubert says the same person, a patient at the VA, made a threat on Friday. Investigators say the man was in the building and threatened to blow up the place. Then, Mount Vernon police evacuated the building for about an hour while officers searched.

"He didn't take any overt action, but he was persistent in his threats, so we took action," said Chief Hubert.

Chief Hubert says the FBI kept surveillance on the suspect after the first threat.

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From: Leinenkugel, Jake
Sent: 18 Jul 2018 18:07:33 +0000
To: Jake Leinenkugel
Subject: FW: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)
Attachments: COVER draft agenda for Exec Summary_07_12_2018.docx, ACMO - Executive Briefing Summary (May 2018) and talking points final version 7122018.docx, 2018-14936 NOM Federal Registry.pdf, COVER Commission Section 931 legislation.docx, Mental Health Commission Charter_COVER - 2017 Jul Proposed Charter (Signed Charter) 7801626.pdf, Information Paper of status of COVER Commission.docx, Key Staff Biographies (COVER).docx, COVER Commissioner Bio's (merged).docx, Speaker Biographies COVER meeting July 24_25.docx

From: (b)(6) (b)(6) B.
Sent: Thursday, July 12, 2018 7:09 PM
To: Colli, Jacqueline; SecVAinvites
Cc: (b)(6) (b)(6) (FAV); (b)(6) (b)(6) B.; Leinenkugel, Jackie
Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

Jackie,

Attached is the Executive Briefing Summary, Talking Points and attachments as requested. Please let me know if you need anything more. I will be happy to assist in any way.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: (b)(6) (b)(6) (FAV)
Sent: Friday, July 06, 2018 3:58 PM
To: (b)(6); (b)(6) (b)(6) B.
Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

Thanks for the head's up. We have a team meeting Monday so we can get to it right away.

It is likely we will have a question or two, so thanks in advance for your continued support.

Have a great weekend,
Kris

From: (b)(6)
Sent: Friday, July 06, 2018 2:44 PM

To: (b)(6) (b)(6) B. (b)(6)

Cc: (b)(6) (b)(6) (FAV) (b)(6)

Subject: FW: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

Hello (b)(6)

In preparation of the SECVA visit to the Commission, we need read aheads from COVER. Attached is the information that needs to be provided.

The briefing summary along with all associated documents needs to be submitted to (b)(6) NLT Jul 17.

Let me know if you have any questions.

Respectfully,

(b)(6)

Ed.D.

Program Specialist
Advisory Committee Management Office (00AC)
Department of Veterans Affairs
1717 H Street, NW #431D
Washington, DC 20006
Office: (b)(6)
Cell: (b)(6)
<http://www.va.gov/ADVISORY/>

From: (b)(6)

Sent: Friday, July 06, 2018 9:40 AM

To: SecVAinvites <SecVAinvites@va.gov>

Cc: (b)(6) @va.gov (b)(6) @va.gov;

(b)(6) (b)(6) B. (b)(6)

Subject: FW: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

The Acting Secretary has accepted the invitation below and will address the group on July 25 at 11:30am.

POC's in the cc line for remarks.

Thank you.

(b)(6)

From: (b)(6)

Sent: Friday, July 06, 2018 9:31 AM

To: (b)(6) Hayes-Byrd, Jacquelyn; (b)(6) (b)(6) B.; Syrek, Christopher D. (Chris); Leinenkugel, Jake
Cc: (b)(6) (b)(6) (b)(6) B.; Syrek, Christopher D. (Chris); Leinenkugel, Jake
Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

(b)(6)

Attached, the DRAFT Notice of Meeting we're vetting with OGC...will be published shortly.

On July 24th and 25th the meeting starts at 8AM and closes at 5PM.

However, per FACA, the Acting SECVA comments will be open to the public so the appropriate times for him to engage the Commission are:

--July 24/12PM-5PM

--July 25/8AM-12PM.

Please advise...thank you.

Respectfully,

(b)(6)

Director, ACMO
Department of Veterans Affairs

(b)(6)

From: (b)(6)
Sent: Friday, July 06, 2018 9:17 AM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Hayes-Byrd, Jacquelyn <Jacquelyn.Hayes-Byrd@va.gov>; (b)(6) (b)(6) B.
(b)(6) Syrek, Christopher D. (Chris) <Christopher.Syrek@va.gov>; Leinenkugel, Jake (b)(6)
Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

(b)(6) – Is there an agenda we can see? What time does it end on the 25th?

From: (b)(6)
Sent: Friday, July 06, 2018 9:05 AM
To: (b)(6)
Cc: (b)(6) Hayes-Byrd, Jacquelyn; (b)(6) (b)(6) B.; Syrek, Christopher D. (Chris); Leinenkugel, Jake
Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

Hi (b)(6)

FYI...as a last resort, we can also have him attend the COVER Commission meeting via video teleconference provided he has the time and we can coordinate the logistics.

Standing by...thank you.

Respectfully,

(b)(6)

Director, ACMO

Department of Veterans Affairs

(b)(6)

From: (b)(6)

Sent: Friday, July 06, 2018 9:00 AM

To: Syrek, Christopher D. (Chris) <Christopher.Syrek@va.gov>; Leinenkugel, Jake

(b)(6) (b)(6) @va.gov>

Cc: (b)(6) @va.gov>; Hayes-Byrd, Jacquelyn <[Jacquelyn.Hayes-](mailto:Jacquelyn.Hayes-Byrd@va.gov)

Hayes-Byrd@va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) B.

(b)(6)

Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

It looks like he's out of town on July 24. I'll present to him today about the 25th.

From: Syrek, Christopher D. (Chris)

Sent: Tuesday, June 26, 2018 4:51 PM

To: Leinenkugel, Jake (b)(6)

Cc: (b)(6); Hayes-Byrd, Jacquelyn (b)(6) (b)(6) (b)(6) B.

Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

Agreed, let's make it happen.

Defer to Jake on proposed best times (Lead off the meeting, conclude the meeting, etc) for A-SECVA to be there.

Chris

Christopher D. Syrek

Acting Deputy Chief of Staff

U.S. Department of Veterans Affairs

Washington, D.C. 20420 | (202) 461-7486

From: Leinenkugel, Jake

Sent: Tuesday, June 26, 2018 4:44 PM

To: Syrek, Christopher D. (Chris); (b)(6)

Cc: (b)(6) Hayes-Byrd, Jacquelyn (b)(6) (b)(6) (b)(6) B.

Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

Thanks Chris. It is actually nearly essential.

V/R,

Jake

Sent with Good (www.good.com)

From: Syrek, Christopher D. (Chris)
Sent: Tuesday, June 26, 2018 1:39:40 PM
To: (b)(6)
Cc: (b)(6); Hayes-Byrd, Jacquelyn; Leinenkugel, Jake; (b)(6)
Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

All,

Schedule permitting I would highly recommend that our Acting Secretary provide some form of remarks during the inaugural meeting.

Chris

Christopher D. Syrek
Acting Deputy Chief of Staff
U.S. Department of Veterans Affairs
Washington, D.C. 20420 | (202) 461-7486

From: (b)(6)
Sent: Tuesday, June 26, 2018 12:45 PM
To: (b)(6)
Cc: (b)(6); Hayes-Byrd, Jacquelyn; Syrek, Christopher D. (Chris)
Subject: RE: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

Hi (b)(6)

We are 30 days out to the inaugural COVER Commission meeting (Jul 24-25)...do you know if SECVA or ASECVA will meet with the Commission?

Thank you for your support and standing by.

Respectfully,

(b)(6)
Director, Advisory Committee Management Office
Dept Veterans Affairs
(b)(6)

From: (b)(6)
Sent: Tuesday, June 12, 2018 6:18:59 AM
To: (b)(6)
Cc: (b)(6) Hayes-Byrd, Jacquelyn; (b)(6)
Subject: SECVA invite to visit the COVER Commission (Inaugural Meeting Jul 24/25)

Hi (b)(6)

The Chairman and Designated Federal Officer for the Creating Options for Veterans Expedited Recover Commission (COVER Commission) respectfully invites SECVA to visit with the Commission during their inaugural meeting on July 24 or July 25, Capitol Hilton, 1001 16th St NW, Washington, DC 20036. The best date/time is July 24 at 8:15-915AM.

The purpose of this Presidential Commission committee is to provide advice to the Secretary, the President, and Congress, by examining the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of veterans and potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities.

NOTE: This is the COVER Commissions' inaugural meeting and the department is strongly encouraged to provide them with Senior VA Leadership guidance and support for their mission.

Please advise on his availability.

Thank you.

Respectfully,
(b)(6)
Director, ACMO
Department of Veterans Affairs
(b)(6)

COVER COMMISSION

MEETING AGENDA

July 24-25, 2018

Day 1 (July 24 2018) Closed Meeting (Pan American Room)

8:00-9:00AM	Welcome Remarks from COVER Chair
9:00-9:45 AM	Introductions <ul style="list-style-type: none">• Commissioners• Key VA staff (VA Commission support staff to include DFO, alt DFO)• Contractor team members
9:45-10:00AM	Break
10:00-10:30AM	Orient Commissioners to Binder
10:30-10:45AM	ACMO
10:45-11:30AM	Ethics
11:30AM-12:00PM	Review of Comprehensive Addiction and Recovery Act (CARA) 2016 Legislation: Section 931, to include COVER Charter
12:00-1:00PM	Lunch

Open Meeting (South American A/B Room)

1:00-2:15PM	Overview of VHA Healthcare Services and broad Overview of Mental Health Services in VA.
	(Section 931 of CARA Legislation: Aligns to Commission Duty #3)

Presenter: (b)(6) (VHA overview)

Presenters: (b)(6)

Content: Overview of VHA's integrated health system; the demographics and characteristics of the Veterans who use VA healthcare and overview of VA Mental Health Services.

2:15-3:15PM	Overview of VA Whole Health System and Complementary and Integrative Health (CIH)
	(Section 931 of CARA Legislation: Aligns to Commission Duty #3)

Presenters: (b)(6) OPCC&CT

Content: Overview of VA's Whole Health System, the Department's expansion of CIH, and the Whole Health Flagship sites

COVER COMMISSION

3:15-3:30PM

Break

3:30 – 4:45PM

Presentation on the National Academy of Medicine Study: Evaluation of VA Mental Health Services (2018)

(Section 931 of CARA Legislation: Aligns to Commission Duties #2, #4 & #5)

Presenters: Dr. (b)(6)

Content: National Academy will provide an overview of their congressionally-mandated study, "Evaluation of the Department of Veterans Affairs Mental Health Services". The National Academies of Sciences, Engineering, and Medicine carried out a study evaluating Veterans' ability to access VA mental health services, the quality of mental health services provided by VA and provided VA with recommendations on actions that could be taken to improve access and quality of services. This independent assessment included reviewing the relevant published literature, conducting site visits to VA Medical Centers, and conducting a survey of Veterans using and not using VA mental health services. The National Academy will present the findings and recommendations that they delivered to VA; followed by a discussion by the Commissioners.

4:45-5:00PM

Confirm plans for group dinner; Adjourn

COVER COMMISSION

Day 2 (July 25, 2018)	Open Meeting (South American A/B Room)
8:00-8:30AM	Review of Day One, Outline for Day Two
8:30-9:30AM	Overview of VA's Evidence-Based Practice Program and Clinical Practice Guidelines (Section 931 of CARA Legislation: Aligns to Commission Duties #1 & #5) Presenter: (b)(6) PhD
	<u>Content:</u> VA approach to Evidence-Based Practice and Clinical Practice Guidelines on effective mental health treatments; followed by Commission discussion about how VA goes about determining the effectiveness of treatments for mental health, substance use, and suicide prevention; Commission discussion of the presentation and current clinical practice guidelines.
9:30-9:45AM	Break
9:45-10:30AM	Recommended Approach for an Evidence-Based Review on Effectiveness of CIH for Mental Health (Section 931 of CARA Legislation: Aligns to Commission Duty #3) Presenters: (b)(6) MD, MPH (Sigma)
	<u>Content:</u> Discuss what the legislation requires; present possible approaches to evidence-based review of CIH (or list of activities outlined in Duty #3, A-K), with a focus on key study questions to define scope and focus of the evidence-based review; allow Commissioners time to discuss approaches to studying the effectiveness of current treatments and deliberate on how to direct Commission staff to proceed in the evidence-based review; end with clear guidance on how to proceed.
10:30 – 11:00PM	Acting Secretary address commission
11:00 – 12:00PM	Recommended approaches and considerations to satisfy Patient-Centered Survey COVER requirement (Section 931 of CARA Legislation: Aligns to Commission Duty #2) Presenter(s): (b)(6) MD, MPH (Sigma)
	<u>Content:</u> Overview of what legislation requires; presentation of VA's current survey tools, level-setting on potential complexity regarding timeline and surveying non-VA facility users; followed by presentation of possible options for Commissioners to pursue; followed by discussion and plan for moving forward with conducting the patient-centered survey; end with DFO/Chair-led conversation about decision on how to proceed in fulfilling the survey requirement.
12:00-1:00PM	Lunch

COVER COMMISSION

Closed Meeting (Pan American Room)

1:00-2:00PM	Reflections on overview of each section of legislation, including what was shared from SMEs
2:00-3:00PM	<p>Functioning of the Committee:</p> <ul style="list-style-type: none">• Establish ground rules for Commission• Establish protocol for decision making• Establish meeting cadence and meeting location(s) put the page in the binder for discussion)• Establish Commission structure• Contract support ground rules
3:00-3:15PM	Break
3:15-4:00PM	Functioning of the Committee (continued)
4:00-4:30PM	Discuss deliverables and review action items
4:30-5:00PM	Make Commission decisions and decide on next steps
5:00PM	Adjourn initial COVER Commission meeting



EXECUTIVE BRIEFING SUMMARY

Creating Options for Veterans Expedited Recovery (COVER)

Commission

July 25, 2018

10:30am – 11:00am

Capital Hilton 1001 16th St NW, Washington DC – Pan American Room

POINT OF CONTACT: (b)(6) (b)(6) **Designated Federal Officer
(DFO)**

PURPOSE OF EVENT/MEETING: (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Decisional | <input type="checkbox"/> Informational | <input type="checkbox"/> Pre-Event |
| <input checked="" type="checkbox"/> Remarks | <input type="checkbox"/> Other | <input type="checkbox"/> Courtesy Call |

OVERVIEW OF EVENT:

The *Creating Options for Veterans' Expedited Recovery* or the COVER Commission is scheduled to hold its first meeting of the commissioners 24 and 25 July 2018. Thomas (Jake) Leinenkugel was approved as the Chair for the Commission, by POTUS on July 9, 2018.

Identified speakers will provide overview of VHA Healthcare Services, VA Rehabilitation Services, Recreational Therapy Program and Special events that provide support for recovery of Veterans with Mental Health Conditions and Substance Use Disorder; Overview of VA Whole Health Practices and available Complementary and Integrative health (CIH); Evaluation of VA Mental Health Services from the study conducted by National Academy of Medicine; Overview of VA's Evidence-Based practice Program and Clinical Practice Guidelines; Discussion on legislative requirements for possible approaches to CIH and discussion about Patient Centered Survey.

SECVA ROLE: The Secretary of Veterans Affairs will welcome the Commission, address its importance, and confirm the support VA and specifically VHA will provide to the Commission. .

ATTENDEES:

COVER Commission Members					
Name	Title	Role	Organization	Nominated by	Veteran status
Thomas (Jake) Leinenkugel	White House Senior Advisor	COVER Chair	VA	POTUS	Yes (USMC)
Thomas Beeman	Executive in Residence Penn Medicine	Member	Private Citizen	POTUS	Yes (USN)
Wayne Jonas	Executive Director Samueli Integrative Health Programs	Member	Private Citizen	Senate Minority Leader Nomination	Yes
Matthew (Matt) Amidon	Director Military Service Initiative, George W. Bush Institute	Member	Private Citizen (Colonel USMCR)	Senate Majority Leader Nomination	Yes
John (Jack) M. Rose	Chairman Mental Health/AODA Services Committee, Kenosha County	Member	Private Citizen	Speaker House Nomination	Yes
Jamil S. Kahn	Volunteer Hospice and Veterans Outreach Healthcare Programs	Member	Private Citizen	Speaker House Nomination	Yes
Dr. Shira Maguen	Mental Health Director of the OEF/OIF Integrated Care Clinic, San Francisco VA Medical Center	Member	VA Clinical Psychologist	House Minority Leader Nomination	

VA Support Team		
Name	Role	VA Office
(b)(6) (b)(6)	Designated Federal Officer (DFO)	OAWP
(b)(6) (b)(6)	Advisor	SECVA
(b)(6) [REDACTED]	Alternate Designated Federal Officer (ADFO)	OPCC&CT
[REDACTED]	Contracting Officer/Alternate Designated Federal Officer (ADFO)	OPCC&CT
(b)(6) (b)(6)	Program Manager/Alternate Designated Federal Officer (ADFO)	OSI VERC

OBJECTIVE:

1. Impress upon the importance of the Commission to all Veterans.
2. Confirm that VA and specifically VHA will be in full support and provide both requested speakers and informational support.
3. VA will provide any applicable requested survey data and provide support in determining how to approach an overall Veterans survey (see charter and legislation attached).

BACKGROUND:

- The COVER Commission is established as required by section 931 of the Comprehensive Addiction and Recovery Act of 2016 (CARA), Public Law 114-198, and operates under the provisions of the Federal Advisory Committee Act (FACA), as amended, 5 U.S.C. App. 2.
- The COVER Commission is charged to examine the evidence-based therapy treatment model used by the Department of Veterans Affairs for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-VA facilities (as defined in section 1701 of title 38, US Code).
- The Commission is required to:
 - Examine efficacy of the evidence-based therapy model used by the Secretary for treating mental health illnesses of Veterans and identify areas to improve wellness-based outcomes.
 - Conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine Veterans experience with VA and non-Department facilities; Veterans preference regarding effective methods to treat mental health issues; prevalence of prescribing prescription medication as mental health remedies and outreach efforts by the Secretary for regarding availability of benefits and treatments of Veterans.
 - Examine available research on complementary and integrative health treatments therapies for mental health issues and identify what benefits could be made with inclusion of such treatments for Veterans.

- Study sufficiency of resources of the Department to ensure delivery of quality health care for mental health issues among Veterans seeking treatment within the Department.
- The Commission is required to submit a report not later than 60 days after first commission meeting to the Committees on Veterans Affairs of the House of Representatives and the Senate and the President, detailing the level of cooperation of the Secretary of VA and the heads of other Departments or Agencies of the Federal Government has provided to the COVER Commission. Additionally, the Commission as deemed appropriate may submit interim reports with respect to findings identified by the COVER Commission.
- The Commission, by law, is required to submit a final report not later than 18 months after the first meeting, to the Committees on Veterans Affairs, President, and Secretary of VA. The report will include recommendations to implement in a feasible, timely, and cost-efficient manner the solutions and remedies identified within the findings of the COVER Commission pursuant to section 931 (b) of CARA; (ii) an analysis of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating Veterans with mental health care issues, and an examination of the prevalence and efficacy of prescription drugs as a means for treatment; (iii) the findings of the patient-centered survey conducted within each of the Veterans Integrated Service Networks pursuant to section 931 (b)(2) of CARA; and (iv) an examination of complementary and integrative health treatments described in section 931 (b)(3) of CARA and the potential benefits of incorporating such treatments in the therapy models used by the Secretary for treating Veterans with mental health issues.
- The first meeting is to provide information on Mental Health, Whole Health, previous Mental Health surveys and discuss approach to the new survey requirements. VHA speakers include: Wendy Tenhula, Lucille Beck, Tracy Gaudet, Kavitha Reddy, Alison Whitehead, Beth Taylor, and Paula Schnurr. Subject Matter Experts include Francis Murphy, MD, MPH and Dr, Alicia Carriquiry from the National Academy of Medicine.
- If additional information on the Commission is required please call (b)(6) (b)(6) at (b)(6) or email at (b)(6) @va.gov.
- The Commission is short three members (1 Senate Minority; 1 Senate Majority; 1 House Minority) and is working through OCLA for assistance. There are no additional issues that need to be resolved at the inaugural meeting.

BACKGROUND OF THE ORGANIZATION/GROUP:

- Most Commission members were appointed in 2017. The Chair and one other member were appointed by the President (approved July 9, 2018). The Commission is short 3 members and the respective committees have been notified.
- Procurement of contracted administrative, research, and analytic support was finalized in 2018.
- Commissioners received a binder of articles and previous VA briefing materials as pre-read material from the DFO staff. The first meeting will discuss Commission strategy and cadence in order to meet the significant legislated requirements in 18 months.

RECOMMENDATIONS: None at this time.

OUTCOMES: For the Commission to have a better understanding of the Secretary's concerns or thoughts on the legislative requirements.

LOGISTICS: When you arrive at main entrance to the Capital Hilton you will be met by the Commission Chair, Jake Leinenkugel and DFO, [redacted] (b)(6) and escorted to the South American Room you will be speaking in. You will be introduced by the Chair. A podium is available if required.

AGENDA: The Commission will meet July 24 and 25, 2018.

- July 24, 2018: Morning session is closed to audience. The afternoon is open to audience in person and on a reserved phone line (published in the Federal Register notice).
 - 8:00am to 12:00pm – Commission Welcome, Introductions, Orientation, ACMO, Ethics and Privacy Overview and acknowledgement.
 - 12:00pm to 1:00pm – Lunch
 - 1:00pm to 2:15pm – Overview of VHA by [redacted] (b)(6) from VA and broad introduction to Mental Health care in VA by [redacted] (b)(6) and [redacted] (b)(6) from VA.
 - 2:15pm to 3:15pm – Overview of VA Whole Health System and Complementary and Integrative Health (CIH) by [redacted] (b)(6) and [redacted] (b)(6) from VA OPCC&CT.
 - 3:30pm to 4:45pm – Presentation on the National Academy of Medicine Study: Evaluation of VA Mental Health Services (2018) by Dr. [redacted] (b)(6)

- 4:45pm to 5:00pm – closing comments/discussion and adjourn.
- July 25, 2018: Morning session is open to audience in person and on a reserved phone line (published in the Federal Register notice). Afternoon session is closed to audience.
- 8:00am to 8:30am – review of day one and outline for day two.
- 8:30am to 9:30am – Overview of VA’s Evidence-based Practice Program and Clinical Practice Guidelines by Paula Schnurr from VA.
- 9:45am to 10:30am – Discussion on Recommended Approach for an Evidence-Based Review on Effectiveness of CIH for Mental Health by (b)(6)
- 10:30am to 11:00am - Welcome and remarks by Acting Secretary of Veterans Affairs.
- 11:00am to 12:00pm – Recommended approaches and considerations to satisfy Patient-Centered Survey COVER requirement.
- 12:00pm to 1:00pm - lunch
- 1:00pm to 5:00pm – Reflection on overview of each section of legislation, including what was shared from SME’s. Functioning of the Commission, deliverables and action items review, next steps discussion and adjournment.

VA’S SUPPORT OF THE ORGANIZATION: Funding for the COVER

Commission is being managed through Office of Patient Centered Care and Cultural Transformation (OPCC&CT). VA also is providing detailed staff to serve as DFO, Alternate DFO, Contracting Office Representative (COR), and Operations Management/Project Management support. Both COR and Project Manager will also serve as Alternate DFOs to provide required oversight and VA support of 10 Commission meetings and additional workgroup meetings anticipated to occur through December 2019.

WHAT ELSE DO WE NEED TO KNOW: Nothing at this time.

ATTACHMENTS:

1. Federal Register Notice
2. Commission Charter
3. Comprehensive Recovery Act of 2016 - Section 931 (applicable legislation)
4. Information Paper providing update on the status of COVER
5. Commissioner biographies
6. Key Staff biographies
7. Speaker biographies

Talking Points
Acting Secretary of Veterans Affairs

- 1. Welcome Commission members.**
- 2. Why we are here – to determine if we are providing or recommend how we provide the best Mental Health Services to our Veterans.**
- 3. The importance of opening the aperture of Mental Health Surveys to VA serviced Veterans and non-VA serviced Veterans.**
- 4. What we learn by examining evidence-based therapy models in use by VA for mental health conditions of Veterans.**
- 5. Why it is important to look at the benefits of Complementary and Integrative Health treatments and how we make more of this part of the VA Mental Health care (CIH includes music therapy, equine therapy, yoga, meditation, and more).**
- 6. What we can learn from Veterans and from other Departments or Agencies on approaches to Mental Health Services.**
- 7. Commend the work to be accomplished and look forward to interim reports that can be shared and final recommendations.**



performance of the OCC's functions, including whether the information has practical utility;

(b) The accuracy of the OCC's estimates of the burden of the information collections, including the validity of the methodology and assumptions used;

(c) Ways to enhance the quality, utility, and clarity of the information to be collected; and

(d) Ways to minimize the burden of information collections on respondents, including through the use of automated collection techniques or other forms of information technology.

Dated: July 6, 2018.

Karen Solomon,

Acting First Deputy Comptroller and Chief Counsel.

[FR Doc. 2018-14941 Filed 7-11-18; 8:45 am]

BILLING CODE 4810-33-P

DEPARTMENT OF THE TREASURY

Open Meeting of the Financial Research Advisory Committee

AGENCY: Office of Financial Research, Department of the Treasury.

ACTION: Notice of open meeting; time change.

SUMMARY: The Financial Research Advisory Committee for the Treasury's Office of Financial Research (OFR) previously announced its 12th meeting to be held on Thursday, July 26, 2018, in the Benjamin Strong Room, Federal Reserve Bank of New York, 33 Liberty Street, New York, New York, 10045, beginning at 11:00 a.m. Eastern Time. By this notice, the OFR is changing the start time for the meeting to 1:00 p.m. Eastern Time. The meeting will be open to the public and limited seating will be available.

DATES: The meeting will be held on Thursday, July 26, 2018, beginning at 1:00 p.m. Eastern Time.

ADDRESSES: The meeting will be held in the Benjamin Strong Room, Federal Reserve Bank of New York, 33 Liberty Street, New York, New York, 10045. The meeting will be open to the public. A limited number of seats will be available for those interested in attending the meeting, and those seats would be on a first-come, first-served basis. Because the meeting will be held in a secured facility, members of the public who plan to attend the meeting MUST contact the OFR by email at *OFR_FRAC@ofr.treasury.gov* by 5 p.m. ET on Thursday, July 19, 2018, to inform the OFR of their desire to attend the meeting and receive further instructions about building clearance.

FOR FURTHER INFORMATION CONTACT:

Melissa Avstreih, Designated Federal Officer, Office of Financial Research, Department of the Treasury, 1500 Pennsylvania Avenue NW, Washington, DC 20220, (202) 927-8032 (this is not a toll-free number), or *OFR_FRAC@ofr.treasury.gov*. Persons who have difficulty hearing or speaking may access this number via TTY by calling the toll-free Federal Relay Service at (800) 877-8339.

SUPPLEMENTARY INFORMATION: On July 2, 2018 (83 FR 31035), the OFR announced the 12th meeting of the Financial Research Advisory Committee. The OFR has had to change the start time for the meeting until 1:00 p.m. Eastern Time. All other information in the notice is unchanged, including the location and tentative agenda/topics for discussion.

Dated: July 3, 2018.

Barbara Shycoff,

Chief of External Affairs.

[FR Doc. 2018-14949 Filed 7-11-18; 8:45 am]

BILLING CODE 4810-25-P

DEPARTMENT OF VETERANS AFFAIRS

Creating Options for Veterans Expedited Recovery (COVER) Commission; Notice of Meeting

In accordance with the Federal Advisory Committee Act, the Creating Options for Veterans Expedited Recovery (COVER) Commission gives notice that the first meeting will be held on July 24 and July 25, 2018 at the Capital Hilton, 1001 16th Street NW, Washington, DC. The meeting will convene at 8:00 a.m. and adjourn at 5:00 p.m. EST on July 24 and July 25. The meeting will be partially closed to the public on July 24, 2018 and July 25, 2018. In accordance with 5 U.S.C. 552b(c)(2) and (6), which exempt a meeting from the requirement to be open to the public, the meeting will be closed on July 24 from 8:00 a.m. to 12:00 p.m. because it is likely to "relate solely to the internal personnel rules and practices of an agency" or "disclose . . . information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy." On July 25, the meeting will be closed from 12:00 p.m. to 5:00 p.m. under section 552b(c)(9)(B) because it would reveal information the disclosure of which would, "in the case of an agency, be likely to significantly frustrate implementation of a proposed agency action." This closed session will include discussion of ground rules, decision making protocol, and strategy to establish ground rules. Any precipitous release of those discussions through an open session will frustrate program implementation, to the detriment of our Veterans who we consider our greatest customer/benefactor of the commission.

Open sessions will be held on both days in Capital Hilton's South American AB room. The open session on Day 1 will focus current VHA Whole Health Practices, VA's Mental Health Services and Resources. The open session Day 2 will include review and discussion of the objectives of the Commission as described in the Comprehensive Addiction and Recovery Act (CARA) of 2016. A listening line will be available to the public who prefer to call in rather than attend the open sessions at the Capital Hilton. This listening line number will be activated 10 minutes before each of the two open sessions. The listening line number is 800-767-1750; access code 48664#.

The purpose of the COVER Commission is to examine the evidence-based therapy treatment model used by the Department of Veterans Affairs (VA) for treating mental health conditions of Veterans and the potential benefits of incorporating complementary and integrative health approaches as standard practice throughout the Department. The Commission will: (1) Examine the efficacy of the evidence-based therapy model used by VA to treat mental health illnesses and identify areas of improvement; (2) conduct a patient-centered survey within each VISN to examine: The experiences of veterans with VA facilities regarding mental health care, the experiences of veterans with non-VA facilities regarding mental health care, the preferences of veterans regarding available treatment for mental health issues and which methods the veterans believe to be most effective, the experience, if any, of veterans with respect to complementary and integrative health approaches, the prevalence of prescribing medication to veterans seeking treatment for mental health disorders through VA, and the outreach efforts of VA regarding the availability of benefits and treatments for veterans for addressing mental health issues; (3) examine available research on complementary and integrative health approaches for mental health disorders in areas of therapy including: Music therapy, equine therapy, training and caring for service dogs, yoga therapy, acupuncture therapy, meditation therapy, outdoor sports therapy, hyperbaric oxygen therapy, accelerated resolution therapy, art therapy, magnetic resonance therapy,

and others; (4) study the sufficiency of VA resources to deliver quality mental health care; and (5) study the current treatments and resources available within VA and assess: The effectiveness of such treatments and resources in decreasing the number of suicides per day by veterans, the number of veterans who have been diagnosed with mental health issues, the percentage of veterans who have completed VA counseling sessions, and the efforts of VA to expand complementary and integrative

health treatments viable to the recovery of veterans with mental health issues as determined by the Secretary to improve the effectiveness of treatments offered by VA.

Any member of the public seeking additional information should email COVER Commission@va.gov. The Designated Federal Officer for the Commission is Ms. Sheila B. Hickman. Ms. Hickman and the staff will be monitoring and responding to questions or comments sent to this email box. The

Committee will also accept written comments which may be sent to the same email box. In the public's communications with the Committee, the writers must identify themselves and state the organizations, associations, or persons they represent.

Dated: July 9, 2018.

Jelessa M. Burney,
Federal Advisory Committee Management Officer.

[FR Doc. 2018-14936 Filed 7-11-18; 8:45 am]

BILLING CODE P

COMPREHENSIVE ADDICTION AND RECOVERY ACT OF
2016

JULY 6, 2016.—Ordered to be printed

Mr. UPTON, from the committee of conference,
submitted the following

CONFERENCE REPORT

[To accompany S. 524]

SECTION I. SHORT TITLE; TABLE OF CONTENTS.

TITLE IX—DEPARTMENT OF VETERANS AFFAIRS

Subtitle C—Complementary and Integrative Health

Sec. 931. Expansion of research and education on and delivery of complementary and integrative health to veterans.

Sec. 932. Expansion of research and education on and delivery of complementary and integrative health to veterans.

Sec. 933. Pilot program on integration of complementary and integrative health and related issues for veterans and family members of veterans.

Section 931—Expansion of research and education on and delivery of complementary and integrative health to veterans

H.R. 4063, as reported, establishes a Commission to examine the evidence-based therapy treatment model used by VA for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health as standard practice throughout the Department. The Commission would: (1) examine the efficacy of the evidence-based therapy model used by VA to treat mental health illnesses and identify areas of improvement; (2) conduct a patient-centered survey within each VISN to examine: the experiences of veterans with VA facilities regarding mental health care, the experiences of veterans with non-VA facilities regarding mental health care, the preferences of veterans regarding available treatment for mental health issues and which methods the veterans believe to be most effective, the experience, if any, of veterans with respect to the complementary and integrative health treatment therapies, the prevalence of prescribing medication to veterans seeking treatment for mental health disorders through VA, and the outreach efforts of VA regarding the availability of benefits and treatments for veterans for addressing mental health issues; (3) examine available research on complementary and integrative health for mental health disorders in areas of therapy including: music therapy, equine therapy, training and caring for service dogs, yoga therapy, acupuncture therapy, meditation therapy, outdoor sports therapy, hyperbaric oxygen therapy, accelerated resolution therapy, art therapy, magnetic resonance therapy, and others; (4) study the sufficiency of VA resources to deliver quality mental health care; and (5) study the current treatments and resources available within VA and assess: the effectiveness of such treatments and resources in decreasing the number of suicides per day by veterans, the number of veterans who have been diagnosed with mental health issues, the percentage of veterans who have completed VA counseling sessions, and the efforts of VA to expand complementary and integrative health treatments viable to the recovery of veterans with mental health issues as determined by the Secretary to improve the effectiveness of treatments offered by VA.

07/13/2016 Senate Senate agreed to conference report to accompany S. 524 by Yea-Nay Vote. 92 - 2. [Record Vote Number: 129](#).

07/08/2016-11:57am House On agreeing to the conference report Agreed to by the Yeas and Nays: 407 - 5 ([Roll No. 399](#)). (consideration: CR [H4561](#))

PUBLIC LAW 114-198—JULY 22, 2016 130 STAT. 695

Public Law 114-198

114th Congress

Subtitle C—Complementary and Integrative Health

SEC. 931. EXPANSION OF RESEARCH AND EDUCATION ON AND DELIVERY OF COMPLEMENTARY AND INTEGRATIVE HEALTH TO VETERANS.

(a) ESTABLISHMENT.—There is established a commission to be known as the “Creating Options for Veterans’ Expedited Recovery” or the “COVER Commission” (in this section referred to as the “Commission”). The Commission shall examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities (as defined in section 1701 of title 38, United States Code).

(b) DUTIES.—The Commission shall perform the following duties:

(1) Examine the efficacy of the evidence-based therapy model used by the Secretary for treating mental health illnesses of veterans and identify areas to improve wellness-based outcomes.

(2) Conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine—

(A) the experience of veterans with the Department of Veterans Affairs when seeking medical assistance for mental health issues through the health care system of the Department;

(B) the experience of veterans with non-Department facilities and health professionals for treating mental health issues;

(C) the preference of veterans regarding available treatment for mental health issues and which methods the veterans believe to be most effective;

- (D) the experience, if any, of veterans with respect to the complementary and integrative health treatment therapies described in paragraph (3);
- (E) the prevalence of prescribing prescription medication among veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues; and
- (F) the outreach efforts of the Secretary regarding the availability of benefits and treatments for veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments.

(3) Examine available research on complementary and integrative health treatment therapies for mental health issues and identify what benefits could be made with the inclusion of such treatments for veterans, including with respect to—

- (A) music therapy;
- (B) equine therapy;
- (C) training and caring for service dogs;
- (D) yoga therapy;
- (E) acupuncture therapy;
- (F) meditation therapy;
- (G) outdoor sports therapy;
- (H) hyperbaric oxygen therapy;
- (I) accelerated resolution therapy;
- (J) art therapy;
- (K) magnetic resonance therapy; and
- (L) other therapies the Commission determines appropriate.

(4) Study the sufficiency of the resources of the Department to ensure the delivery of quality health care for mental health issues among veterans seeking treatment within the Department.

(5) Study the current treatments and resources available within the Department and assess—

- (A) the effectiveness of such treatments and resources in decreasing the number of suicides per day by veterans;
- (B) the number of veterans who have been diagnosed with mental health issues;
- (C) the percentage of veterans using the resources of the Department who have been diagnosed with mental health issues;

(D) the percentage of veterans who have completed counseling sessions offered by the Department; and

(E) the efforts of the Department to expand complementary and integrative health treatments viable to the recovery of veterans with mental health issues as determined by the Secretary to improve the effectiveness of treatments offered by the Department.

(c) MEMBERSHIP.—

(1) IN GENERAL.—The Commission shall be composed of 10 members, appointed as follows:

(A) Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

(B) Two members appointed by the minority leader of the House of Representatives, at least one of whom shall be a veteran.

(C) Two members appointed by the majority leader of the Senate, at least one of whom shall be a veteran.

(D) Two members appointed by the minority leader of the Senate, at least one of whom shall be a veteran.

(E) Two members appointed by the President, at least one of whom shall be a veteran.

(2) QUALIFICATIONS.—Members of the Commission shall be individuals who—

(A) are of recognized standing and distinction within the medical community with a background in treating mental health;

(B) have experience working with the military and veteran population; and

(C) do not have a financial interest in any of the complementary and integrative health treatments reviewed by the Commission.

(3) CHAIRMAN.—The President shall designate a member of the Commission to be the Chairman.

(4) PERIOD OF APPOINTMENT.—Members of the Commission shall be appointed for the life of the Commission.

(5) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

(6) APPOINTMENT DEADLINE.—The appointment of members of the Commission in this section shall be made not later than 90 days after the date of the enactment of this Act.

(d) POWERS OF COMMISSION.—

(1) MEETINGS.—

(A) INITIAL MEETING.—The Commission shall hold its first meeting not later than 30 days after a majority of members are appointed to the Commission.

(B) MEETING.—The Commission shall regularly meet at the call of the Chairman. Such meetings may be carried out through the use of telephonic or other appropriate telecommunication technology if the Commission determines that such technology will allow the members to communicate simultaneously.

(2) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive evidence as the Commission considers advisable to carry out the responsibilities of the Commission.

(3) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any department or agency of the Federal Government such information as the Commission considers necessary to carry out the duties of the Commission.

(4) INFORMATION FROM NONGOVERNMENTAL ORGANIZATIONS.—In carrying out its duties, the Commission may seek guidance through consultation with foundations, veteran service organizations, nonprofit groups, faith-based organizations, private and public institutions of higher education, and other organizations as the Commission determines appropriate.

(5) COMMISSION RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such record.

(6) PERSONNEL RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such records.

(7) COMPENSATION OF MEMBERS; TRAVEL EXPENSES.—Each member shall serve without pay but shall receive travel expenses to perform the duties of the Commission, including per diem in lieu of substances, at rates authorized under subchapter I of chapter 57 of title 5, United States Code.

(8) STAFF.—The Chairman, in accordance with rules agreed upon the Commission, may appoint and fix the compensation of a staff director and such other personnel as may be necessary to enable the Commission to carry out its functions, without regard to the provisions of title 5, United States Code, governing appointments in the competitive

service, without regard to the provision of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, except that no rate of pay fixed under this paragraph may exceed the equivalent of that payable for a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(9) PERSONNEL AS FEDERAL EMPLOYEES.—

(A) IN GENERAL.—The executive director and any personnel of the Commission are employees under section 2105 of title 5, United States Code, for purpose of chapters 63, 81, 83, 84, 85, 87, 89, and 90 of such title.

(B) MEMBERS OF THE COMMISSION.—Subparagraph (A) shall not be construed to apply to members of the Commission.

(10) CONTRACTING.—The Commission may, to such extent and in such amounts as are provided in appropriations Acts, enter into contracts to enable the Commission to discharge the duties of the Commission under this Act.

(11) EXPERT AND CONSULTANT SERVICE.—The Commission may procure the services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily rate paid to a person occupying a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(12) POSTAL SERVICE.—The Commission may use the United States mails in the same manner and under the same conditions as departments and agencies of the United States.

(13) PHYSICAL FACILITIES AND EQUIPMENT.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission, on a reimbursable basis, the administrative support services necessary for the Commission to carry out its responsibilities under this Act. These administrative services may include human resource management, budget, leasing accounting, and payroll services.

(e) REPORT.—

(1) INTERIM REPORTS.—

(A) IN GENERAL.—Not later than 60 days after the date on which the Commission first meets, and each 30-day period thereafter ending on the date on which the Commission submits the final report under paragraph (2), the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and the President a report detailing the level of cooperation the Secretary of Veterans Affairs (and the heads of other departments or agencies of the Federal Government) has provided to the Commission.

(B) OTHER REPORTS.—In carrying out its duties, at times that the Commission determines appropriate, the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and any other appropriate entities an interim report with respect to the findings identified by the Commission.

(2) FINAL REPORT.—Not later than 18 months after the first meeting of the Commission, the Commission shall submit to the Committee on Veterans' Affairs of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs a final report on the findings of the Commission. Such report shall include the following:

(A) Recommendations to implement in a feasible, timely, and cost-efficient manner the solutions and remedies identified within the findings of the Commission pursuant to subsection (b).

(B) An analysis of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating veterans with mental health care issues, and an examination of the prevalence and efficacy of prescription drugs as a means for treatment.

(C) The findings of the patient-centered survey conducted within each of the Veterans Integrated Service Networks pursuant to subsection (b)(2).

(D) An examination of complementary and integrative health treatments described in subsection (b)(3) and the potential benefits of incorporating such treatments in the therapy models used by the Secretary for treating veterans with mental health issues.

(3) PLAN.—Not later than 90 days after the date on which the Commission submits the final report under paragraph (2), the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the following:

(A) An action plan for implementing the recommendations established by the Commission on such solutions and remedies for improving wellness-based outcomes for veterans with mental health care issues.

(B) A feasible timeframe on when the complementary and integrative health treatments described in subsection (b)(3) can be implemented Department-wide.

(C) With respect to each recommendation established by the Commission, including any complementary and integrative health treatment, that the Secretary determines is not appropriate or feasible to implement, a justification for such

determination and an alternative solution to improve the efficacy of the therapy models used by the Secretary for treating veterans with mental health issues.

(f) TERMINATION OF COMMISSION.—The Commission shall terminate 30 days after the Commission submits the final report under subsection (e)(2).

DEPARTMENT OF VETERANS AFFAIRS
CHARTER OF THE
CREATING OPTIONS FOR VETERANS' EXPEDITED RECOVERY COMMISSION
(COVER COMMISSION)

1. OFFICIAL DESIGNATION: Creating Options for Veterans' Expedited Recovery (COVER Commission).

2. AUTHORITY: The COVER Commission is established as required by section 931 of the Comprehensive Addiction and Recovery Act of 2016 (CARA), Public Law 114-198, and operates under the provisions of the Federal Advisory Committee Act (FACA), as amended, 5 U.S.C. App. 2.

3. OBJECTIVES AND SCOPE OF ACTIVITIES: The COVER Commission is established to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of Veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities (as defined in section 1701 of title 38, United States Code).

4. DUTIES OF THE COVER COMMISSION: In accordance with section 931(b), the COVER Commission shall address the following aims:

- A. Examine the efficacy of the evidence-based therapy model used by the Secretary for treating mental health illnesses of Veterans and identify areas to improve wellness-based outcomes.
- B. Conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine: (i) the experience of Veterans with the Department of Veterans Affairs (VA) when seeking medical assistance for mental health issues through the health care system of the Department; (ii) the experience of Veterans with non-Department facilities and health professionals for treating mental health issues; (iii) the preference of Veterans regarding available treatment for mental health issues and which methods the Veterans believe to be most effective; (iv) the experience, if any, of Veterans with respect to the complementary and integrative health treatment therapies described in paragraph 4(C) below; (v) the prevalence of prescribing prescription medication among Veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues; and (vi) the outreach efforts of the Secretary regarding the availability of benefits and treatments for Veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments.
- C. Examine available research on complementary and integrative health treatment therapies for mental health issues and identify what benefits could be made with the inclusion of such treatments for Veterans, including with respect to music therapy; equine therapy; training and caring for service dogs; yoga therapy; acupuncture therapy; meditation therapy; outdoor sports

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therapy; hyperbaric oxygen therapy; accelerated resolution therapy; art therapy; magnetic resonance therapy; and other therapies the COVER Commission determines appropriate.

- D. Study the sufficiency of the resources of the Department to ensure the delivery of quality health care for mental health issues among Veterans seeking treatment within the Department.
- E. Study the current treatments and resources available within the Department and assess: (i) the effectiveness of such treatments and resources in decreasing the number of suicides per day by Veterans; (ii) the number of Veterans who have been diagnosed with mental health issues; (iii) the percentage of Veterans using the resources of the Department who have been diagnosed with mental health issues; (iv) the percentage of Veterans who have completed counseling sessions offered by the Department; and (v) the efforts of the Department to expand complementary and integrative health treatments viable to the recovery of Veterans with mental health issues as determined by the Secretary to improve the effectiveness of treatments offered by the Department.
- F. In accordance with section 931(e)(1) of CARA, not later than 60 days after the date on which the COVER Commission first meets, and each 30-day period thereafter ending on the date on which the COVER Commission submits the final report described in paragraph 4(G) below, submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate, and the President, a report detailing the level of cooperation the Secretary of Veterans Affairs (and the heads of other departments or agencies of the Federal Government) has provided to the COVER Commission.
- G. In carrying out its duties, at times that the COVER Commission determines appropriate, the COVER Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and any other appropriate entities an interim report with respect to the findings identified by the COVER Commission.
- H. In accordance with section 931(e)(2) of CARA, not later than 18 months after the first meeting of the COVER Commission, the COVER Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs a final report on the findings of the COVER Commission. Such report shall include the following: (i) recommendations to implement in a feasible, timely, and cost-efficient manner the solutions and remedies identified within the findings of the COVER Commission pursuant to section 931(b) of CARA; (ii) an analysis of the evidence-based therapy model used

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by the Secretary of Veterans Affairs for treating Veterans with mental health care issues, and an examination of the prevalence and efficacy of prescription drugs as a means for treatment; (iii) the findings of the patient-centered survey conducted within each of the Veterans Integrated Service Networks pursuant to section 931(b)(2) of CARA; and (iv) an examination of complementary and integrative health treatments described in section 931(b)(3) of CARA and the potential benefits of incorporating such treatments in the therapy models used by the Secretary for treating Veterans with mental health issues.

5. OFFICIAL TO WHOM THE COVER COMMISSION REPORTS: The COVER Commission reports to the Committees on Veterans of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs. Refer to paragraphs 4(F), (G), and (H) above for details.

6. OFFICE RESPONSIBLE FOR PROVIDING THE NECESSARY SUPPORT FOR THE COVER COMMISSION: VA is responsible for providing the funding, organization, and logistical support and resources. Within VA, the Veterans Health Administration is responsible for providing support to the COVER Commission.

7. ESTIMATED ANNUAL OPERATING COSTS AND STAFF-YEARS: Operating costs for the COVER Commission are estimated at \$2,500,000 over the COVER Commission's planned 18 month mission. This estimate includes travel expenses and per diem for members to perform COVER Commission duties. Estimated governmental costs include government employee time totaling 4 years of FTE time, and the potential need for contract support, consultant support, and technical expertise.

8. DESIGNATED FEDERAL OFFICER: The Designated Federal Officer (DFO) or an Alternate DFO, full-time or permanent part-time VA employees, will be present at all meetings, including subcommittee meetings. The DFO will work with the COVER Commission Chairperson to schedule the meetings and develop meeting agendas. The DFO is authorized to adjourn any meeting when he or she determines it is in the public interest to do so.

9. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Commission shall regularly meet at the call of the Chairman. The COVER Commission may hold such hearings, sit, and act at such times and places, and take such testimony, and receive such evidence as the COVER Commission considers advisable to carry out its duties under section 931 of CARA. A majority of the members of the COVER Commission shall constitute a quorum, but a lesser number of members may hold hearings.

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10. DURATION: The COVER Commission is subject to the termination date as specified in section 11 below.

11. TERMINATION: The COVER Commission shall terminate 30 days after the date on which the COVER Commission submits its final report to the Committees on Veterans of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs, as required by section 931(e)(2) of CARA.

12. MEMBERSHIP: The COVER Commission shall be composed of 10 members who are appointed as Special Government Employees and are described in paragraph 12(A) below. Members shall be appointed for the life of the COVER Commission, and have the qualifications set forth in paragraph 12(B) below.

A. APPOINTMENTS: COVER Commission members shall be appointed as follows:

- i. Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a Veteran.
- ii. Two members appointed by the minority leader of the House of Representatives, at least one of whom shall be a Veteran.
- iii. Two members appointed by the majority leader of the Senate, at least one of whom shall be a Veteran.
- iv. Two members appointed by the minority leader of the Senate, at least one of whom shall be a Veteran.
- v. Two members appointed by the President, at least one of whom shall be a Veteran.

B. QUALIFICATIONS: Members of the COVER Commission shall be individuals who:

- i. are of recognized standing and distinction within the medical community with a background in treating mental health;
- ii. have experience working with the military and Veteran population; and
- iii. do not have a financial interest in any of the complementary and integrative health treatments reviewed by the COVER Commission.

C. CHAIRPERSON: The President shall designate a member of the COVER Commission to be the Chairperson.

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D. VACANCIES: If a vacancy occurs, it shall be filled in the same manner as the original appointment.

13. SUBCOMMITTEES: The COVER Commission is authorized to establish subcommittees, with DFO approval, to perform specific projects or assignments as necessary and consistent with its mission. The COVER Commission Chairperson shall notify the Secretary, through the DFO, of the establishment of any subcommittee, including its function, membership, and estimated duration. Subcommittees will report back (i.e. provide advice, work products, etc.) to the COVER Commission, and to no other entity.

14. RECORDKEEPING:

A. COVER COMMISSION RECORDS: In accordance with section 931(d)(5) of CARA, the COVER Commission shall keep an accurate and complete record of the actions and meetings of the COVER Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such record.

B. PERSONNEL RECORDS: In accordance with section 931(d)(6) of CARA, the COVER Commission shall keep an accurate and complete record of the actions and meetings of the COVER Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such records.

C. GENERAL: All records of the COVER Commission shall be handled in accordance with General Records Schedule 6.2 or other approved agency records disposition schedules. Those records shall be available for public inspection and copying, subject to the Freedom of Information Act 5, U.S.C. § 552.

15. DATE CHARTER IS FILED:

Approved:


David J. Shulkin, M.D.

Secretary of Veterans Affairs

JUL 24 2017

Date

VHA Update

Creating Options for Veterans' Expedited Recovery (COVER) Commission

PURPOSE

Provide an update on the status of the COVER Commission.

OVERVIEW

- The COVER Commission was established as required by section 931 of the Comprehensive Addiction and Recovery Act of 2016 (CARA), Public Law 114-198 and operates under the provisions of the Federal Advisory Committee Act (FACA), as amended, 5 U.S.C. App. 2.
- The Commission is charged to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities.
- The COVER Commission is required to conduct the following:
 - Examine the efficacy of the evidence-based therapy model used by VA.
 - Examine available research and conduct a patient-centered survey within each of VISN to assess the merits of complimentary and integrative health and Veteran preferences for:
 - Music therapy
 - Training and caring for service dogs
 - Acupuncture therapy
 - Outdoor sports therapy
 - Accelerated resolution therapy
 - Magnetic resonance therapy
 - Equine therapy
 - Yoga Therapy
 - Meditation therapy
 - Hyperbaric oxygen therapy
 - Art therapy
 - Other therapies the COVER Commission determines appropriate
 - Study the sufficiency of the resources of the Department to ensure the delivery of quality health care for mental health issues among Veterans seeking treatment within the Department.
 - Study the current treatments, their effectiveness and Department resources necessary in decreasing the number of veteran suicide per day.
- The commission is required to submit:
 - No later than 60 days after the date on which the COVER Commission first meets, and each 30-day period thereafter the Commission provides Congress a report detailing the level of cooperation by VA leadership.
 - No later than 18 months after the first meeting of the COVER Commission, the COVER Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate, the President, and the

Secretary of Veterans Affairs a final report on the findings of the COVER Commission.

ACTIONS

- The VA Office of Mental Health and Suicide Prevention and Office of Patient-Centered Care and Cultural Transformation with support from the Office of Strategic Integration|Veterans Engineering Resource Center are supporting the work of the Cover Commission.
- Funding has been identified to support the Commission and contacts in human resources, space, IT, and contracting have been established.
- The Charter was signed by the Secretary July 24, 2017.
- COVER Commission Appointments
 - Membership is required as follows:
 - Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a Veteran.
 - Two members appointed by the minority leader of the House of Representatives, at least one of whom shall be a Veteran.
 - Two members appointed by the majority leader of the Senate, at least one of whom shall be a Veteran.
 - Two members appointed by the minority leader of the Senate, at least one of whom shall be a Veteran.
 - Two members appointed by the President, at least one of whom shall be a Veteran. The POTUS will also select the Chair.
 - Of the 10 Commission members required, 9 have been nominated and 7 of those appointees have confirmed availability to serve.
 - Current members are as follows:
 - Thomas (Jake) Leinenkugal: Nominated by POTUS; selected to serve as Chair
 - Thomas Beeman: Nominated by POTUS
 - Colonel Mathew Amidon: nominated by Senate Majority Leader
 - Dr. Wayne Jonas: nominated by Senate Minority Leader
 - Captain John M. Rose: Nominated by Speaker of the House
 - Lieutenant Colonel Jamil S. Khan: Nominated by Speaker of the House
 - Dr. Shira Maguen: Nominated by Minority Leader of the House
 - Dr. Michael Potocznack: Nominated by Minority Leader of the House
[redacted] (b)(6) unable to serve)
 - [redacted] (b)(6) nominated by Senate Minority Leader (appears unable to serve)

VA COMMISSION SUPPORT

- VA Staff (Bios are attached for each)
 - Designated Federal Officer (DFO): Sheila Hickman, VACO
 - Previous DFO: Dr. Alfred J. Ozanian, Office of Mental Health and Suicide Prevention

- Alternate DFO's:
 - Ms. Alison Whitehead, OPCC&CT
 - Ms. Laura McMahon, OPCC&CT
 - Ms. Kristianne Dickson, OSI/VERC
- Contracting Officer Representative: Ms. Laura Ann McMahon, OPCC&CT
- Project management: Ms. Kristiann Dickson, Office of Strategic Integration|Veterans Engineering Resource Center
- Program Support Assistance: Mr. Luis Carrillo, OPCC&CT
- Budget
 - The estimated 18 month cost for Commission is \$2.6M, which includes:
 - Commissioner travel
 - VA staff travel
 - Contract support
 - Estimated cost for Commissioner to hire an Executive Director (Chairman discretion)
- Contracting
 - An Agile Delivery of VA Iminent Strategic and operational Requirements (ADVISOR) Hybrid Firm-Fixed Price and Labor Hour Task Order was awarded April 20, 2018, modified in May to include procurement of reserved space for Commission meetings.
 - Base Period of Performance: April 20, 2018 through November 30, 2018 for estimated cost of \$836,000.
 - Option Period One: December 1 through November 30, 2019 for estimated cost of \$1,408,342.
 - Total task order value: \$2,244,319.
 - Sigma Health Consulting, LLC was awarded contract to provide the following analytic and administrative support staff to the COVER Commission:
 - Program Manager
 - General Clerk
 - Management Analyst
 - Senior Project analyst
 - Junior Program Analyst
 - Research Assistant
 - Editor
 - Transcriptionist
 - Subject Matter Expert

VA STAFF BIO's

DESIGNATED FEDERAL OFFICER

Sheila Hickman

Veterans Affairs Central Office (VACO)

Sheila Hickman is a 3 time combat Veteran. Prior to joining the Federal Civil Service and Department of Veterans Affairs, in January 2014, she had served on the Department of the Army staff, been detailed to NATO to assist in establishing manpower requirements and develop casualty tracking systems, and just prior to retirement had completed her 3rd tour in Afghanistan. Her experience in strategic organizational design and development led to the creation of 3 new headquarters elements in Afghanistan to increase the use of joint and NATO commitments and helped to build the manpower reduction plan in Iraq. Since joining the Department of Veterans Affairs, she has served as an acting Senior Executive in HRA, followed by the Director of Operations responsible for logically standing up the Office of Accountability Review (OAR) and the Director of Management Support Operations, Office of Accountability and Whistleblower Protection (OAWP) responsible for logically standing up this new office as directed by Presidential Executive Order and Public Law 115-41 in May and June 2017, respectively.

She is a graduate from the University of Alabama / North Alabama with a Degree in Special Education, graduate of the Army Command and General Staff School, the US Army War College where she earned a Master of Science Degree in National Security and Strategic Studies, and a graduate of the Federal Executive Institute, Charlottesville, VA.

She is a highly decorated retired Veteran whose significant awards include the Distinguished Service Medal, Legion of Merit, Bronze Star Medal, Korea Defense Service Medal, Humanitarian Service Medal, Volunteer Service Medal, Afghanistan Campaign Medal, Global War on Terror Expeditionary Medal, NATO Medal, Parachutist Badge, Air Assault Badge, French, British and German Airborne Badges.

Alison M. Whitehead, MPH

Alternate Designated Federal Officer

National Program Manager

Integrative Health Coordinating Center, VHA Office of Patient Centered Care & Cultural Transformation

Ms. Whitehead began her work in public service in 2004 as a Peace Corps volunteer in the Dominican Republic, working with community health workers, training peer educators for the prevention of teen pregnancy and HIV/STIs, as well as coaching soccer for high risk youth. In graduate school while earning her Master's in Public

Health from Columbia University, Alison taught health education sessions to formerly incarcerated men at a federal prisoner re-entry program and helped to start up a multidisciplinary practicum program for Columbia University in the Dominican Republic for students of Public Health, Nursing, and Social Work. She began working for the Women's Health Services office at VA Central Office in 2010 as a Presidential Management Fellow/Project Manager leading projects related to women Veteran's cardiovascular health, mobile applications development for women Veterans, integrative health and others. Alison co-developed a Yoga for PTSD Program at the Manhattan VA Medical Center in 2014 and in September 2015 transitioned out of Women's Health Services to take on the role of National Program Manager for the VHA Integrative Health Coordinating Center, Office of Patient Centered Care & Cultural Transformation. In this role Ms. Whitehead leads efforts around the development of programs, policies, and other infrastructure to support implementation of integrative health across VHA. Alison is the incoming Chair for the Academic Consortium for Integrative Medicine and Health (ACIMH) Policy Working Group, and an Alternate Designated Federal Officer (ADFO) for the Creating Options for Veterans Expedited Recovery (COVER) Commission. Alison is a Yoga Alliance registered yoga teacher at the 500 hour level, a certified personal trainer through the National Academy of Sports Medicine, and is in training to become a certified yoga therapist.

CONTRACTING OFFICER REPRESENTATIVE

Laura Ann McMahon
Alternate Designated Federal Officer
Health System Specialist, Office of Patient Centered Care and Cultural Transformation,
Whole Health System Implementation

Laura Ann McMahon is the Health Systems Specialist with the National Office of Patient Centered Care and Cultural Transformation (OPCC&CT). Her areas of responsibilities include Whole Health System implementation as well as a Contracting Officer Representative (COR) and Learning Manager. Prior to her current role, she served as the Administrative Office of Anesthesia and Operative Services at the Puget Sound Health Care System (Seattle/Tacoma). She also worked as the VISN 20 Project Manager for the implementation of Diagnostic Imaging software implementation. She is a graduate of VHA's Executive Career Field program and a certified mentor. Her experiences have contributed to her success in various positions over 31 years of work with Veterans in VHA.

PROJECT MANAGEMENT for COVER Commission's VHA support team

**Kristiann Dickson, M.A., FAC P/PM
Alternate Designated Federal Officer**

Project Specialist
Office of Strategic Integration|Veterans Engineering Resource Center
Veterans Health Administration
810 Vermont Ave, Washington D.C., 20420

Ms. Dickson began her career with VHA 30 years ago as an Audiologist at the Central Arkansas Veterans Healthcare System (CAVHS) where she provided direct patient care to Veterans for twenty years. From 2007-2016, Ms. Dickson served as Systems Redesign Coordinator first at CAVHS and then at Veterans Healthcare System of the Ozarks. She completed Lean/Six Sigma Black belt training and is a graduate of the VHA Improvement Advisory Academy. She collaborated with other VHA Improvement Advisors to develop Lean/Six Sigma training materials for VISN 16, which she used to teach employees interested in learning to improve business and patient care processes. In addition to training staff and coordinating local improvement efforts, Ms. Dickson provided coaching support for several VHA improvement collaboratives and from 2010-2012 she served as Co-Coordinator for deployment of Patient Aligned Care Teams (PACT) across Southeast Region of VHA.

Ms. Dickson joined the Office of Strategic Integration|Veterans Engineering Resource Center (OSI|VERC) in 2016 as a project specialist and completed her Federal Acquisition Certification for Program and Project Managers (FAC P/PM) in April 2017. She lives in Northwest Arkansas where she enjoys her grandchildren and the beauty of the Ozark Mountains.

Thomas Jacob Leinenkugel – Senior White House Advisor – VA
COVER Chair

Thomas “Jake” Leinenkugel was appointed to the Senior White House Advisor – VA position on January 20, 2017. Jake came out of a two year retirement in order to once again serve our country and nation’s Veterans.

Jake was born and raised in Chippewa Falls, Wisconsin and grew up in family environment of making, selling and marketing beer. Jake served in various brewery roles for over 35 years and eventually was named President of the Jacob Leinenkugel Brewing Company in 1988 until retiring in 2014. He built on a strong brand with a dynamic, nimble and diverse team. Together they grew the company from 63,000 barrels of annual production to over 950,000 barrels by integrating a nationwide distribution system and a department of international business with key military bases. Jake was a member of the MillerCoors and South African Brewing Company Board of Directors beginning in 2008 until his retirement. He lead the development of a high tech modernized brew house, development and marketing plans for 22 new beer styles and a large north woods motif visitor center named the “Leinie Lodge”, that has become one of the largest tourists attractions in the State of Wisconsin.

Jake served as a Marine Infantry platoon commander with 3rd Bn, 5th Marines from 1976 – 1982. His other billets during active service included Executive Officer of India Company 3/5, Executive Officer of Midshipman Company, United States Naval Academy and Battalion Adjutant of 3/5. Jake resigned his commission in 1982 and remained in the active reserve with Golf Company, 2/24, 4th Marine Division from 1982 – 1987 where he served as Company Commander.

Jake graduated from Pepperdine University Malibu, CA with a BA in Business and Human Resource Management. He also graduated from the Wharton Business School Financial Leaders Management Course, Columbia University Executive Senior Leadership Management Course and the Darden Business Leaders Senior Development Course.

He remains very active in the community and has had the pleasure to serve as a Board of Director for the Marshfield Clinic Health System, Casper/Rutledge Charity Foundation and the St. Joseph’s and Sacred Heart Hospital Systems. He was one of three creators of the Chippewa Area United Way Endowment Funds for his community. He and his wife Peggy were named the Chippewa Valley Philanthropist of the Year in 2007.

He and Peggy currently reside in Washington D.C., but always call Chippewa Falls, WI home and base residency. When the weather turns cold they find comfort in Rio Verde, AZ, where they continue to enjoy hiking, golf, traveling and entertaining their 3 grand-daughters. They have four children Matt (Libby) Marine Veteran 1995 – 2000, C.J. (Caitlin) Marine Veteran 2003 – 2008, Kirk and Ellie.

Thomas E. Beeman, PhD, Rear Admiral, USN, (ret), is currently Executive in Residence at The University of Pennsylvania Health System (UPHS). He previously served as Chief Operating Officer for Regional Operations. Tom has more than 44 years of experience in the healthcare field. Prior to his roles at UPHS, Tom served as President and CEO of Lancaster General Health for 10 years. Prior to LG Health, he served at Saint Thomas Health Services (Nashville, TN) as its President and Chief Executive Officer, and the Senior Vice President for Hospital Operations and Executive Director of the Hospital of the University of Pennsylvania (HUP) in the late 1990's. Tom recently retired as Assistant Deputy Surgeon General for Reserve Affairs, U.S. Navy, where he has served as deputy commander for the National Intrepid Center of Excellence, National Naval Medical Center in Bethesda, MD. He is a Fellow of the College of Physicians of Philadelphia, a Fellow of the American College of Health Care Executives and a member of the Association of Military Surgeons of the United States. He holds a Ph.D. from Vanderbilt University where he has taught System Theory. He holds a master's degree in Hospital Administration from Widener University, a master's degree in Health Education and a bachelor's degree in Community Health Studies from St. Joseph's University. He is the co-author of "Leading from Within" and "Developing Philanthropic Champions" and has published a number of academic articles on leadership.

Shira Maguen, Ph.D.

Mental Health Director of the OEF/OIF Integrated Care Clinic
San Francisco VA Medical Center
4150 Clement St. (116-P)
San Francisco, CA 94121

Shira Maguen, Ph.D. is Mental Health Director of the OEF/OIF Integrated Care Clinic and Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT) at the San Francisco VA Medical Center (SFVAMC), and Associate Professor in the Dept. of Psychiatry, UCSF School of Medicine. She is also the San Francisco site lead for the VA Women's Practice Based Research Network (PBRN) and co-director of the SFVAMC PTSD/dementia MIRECC Postdoctoral Research Fellowship. She is involved with both the research and clinical components of the PTSD program. Her research interests fall under the umbrella of PTSD, moral injury, and suicide, and include risk and resilience factors in veterans, with a particular focus on female veterans. Dr. Maguen was the recipient of a VA Health Services Research and Development Grant that examined the impact of killing in veterans of war and moral injury. She is currently the Principal Investigator on a VA grant examining a brief behavioral treatment for insomnia in primary care and another DoD grant focused on evaluation of evidence-based treatments for PTSD using natural language processing. She recently completed a grant focusing on eating behaviors in female Veterans with trauma and an implementation grant focused on expanding PTSD care for Veterans. Dr. Maguen is the author of over 100 peer-reviewed publications, most of which focus on veteran mental health. She also works in a clinical capacity within the OEF/OIF Integrated Care Clinic and treating veterans with evidence-based treatments for PTSD. She supervises research health fellows and other trainees in evidence-based treatments for PTSD, and provides mentorship for trauma-focused research fellows.

Dr. Maguen earned her B.A. in Psychology and Master's Degree in Developmental Psychology from Columbia University. She earned her M.A. and Ph.D. in Clinical Psychology from Georgia State University. Dr. Maguen completed her internship and postdoctoral training at the National Center for PTSD at the VA Boston Healthcare System. She is currently licensed as a clinical psychologist.

Jamil S. Khan

April, 15, 2018

3900 Harmony Town Hall Rd
Janesville, WI 53546-9316

Jamil Khan served in the U.S. Marine Corps and retired in 1994. He participated in combat operations across oceans. After retiring, he worked as GIS Technologist at Rock County, Janesville, WI, IS Technologist at UW Madison WI. Currently volunteers in civic projects including Hospice Care and Veterans Outreach Healthcare Programs.

Jamil Khan earned his undergraduate degree in Social Sciences and Master of Arts in History from the University of Peshawar, Pakistan, his Master of Arts in Human Resources Management at Pepperdine University Malibu, CA and Organizational Development, Planning and Budgeting from the Joint Command and Staff College, Norfolk, VA. As a combat Veteran, he is well versed in the VA Healthcare System. He has served on various advisory boards.

Captain John (Jack) M. Rose, USN (Ret)

April 17, 2018

4315-68th Street
Kenosha, WI 53142

Jack Rose is currently a board member for the National Alliance on Mental Illness (NAMI) for Kenosha County having served as President from 2006 to 2014. He has participated in various capacities with NAMI over the past 18 years at both the state and local levels. A mental health advocate, he is currently Chairman of the Mental Health/AODA Services Committee for Kenosha County and has served on the Behavior Health Treatment Court since its inception in 2013. He has served on the Adjunct Faculty at Carthage College in Kenosha. Recently reelected for his third term, he also serves as Alderman for the 15th District for the City of Kenosha. Jack has been a member of the Service Academy Nominations Advisory Board (First Congressional District, Wisconsin) since 2004.

A Naval Aviator, retiring after 26 years in 1994, Jack served in various duty assignments to include squadron command, operational deployments/detachments worldwide, and the Pentagon (DoD). He has served as a planner and venue manager for the 1996 Olympics in Atlanta and subsequent work as Project Manager for Advantest America and ITT Pure-Flo. Jack graduated from the Naval Academy in

1968 and earned his Master's in Business Administration from the University of West Florida in 1971. He is also a graduate of the Industrial College of the Armed Forces.

Colonel Matthew F. Amidon, USMCR

Director Military Service Initiative

George W. Bush Institute

Colonel Matthew F. Amidon, USMCR, is the Director of the Military Service Initiative at the George W. Bush Institute. Col Amidon works with the staff and key agencies to develop implement and execute a wide variety of programs and events. These include policy and strategic efforts, Team 43 Sports events, and research requirements and conferences. Col Amidon ensures that all efforts align with and support the overall Military Service Initiative goal of fostering successful transitions for our post 9/11 Veterans and their families so that they can continue their proud service as leaders and national assets.

Col Amidon has served both active duty and reserve capacities since 1994. As an AV-8B Harrier pilot, he deployed in support of Operation Enduring Freedom and Operation Iraqi Freedom, at the operational and staff level. In his current reserve capacity he serves as the Deputy Group Commander of Marine Aircraft Group 41 aboard Joint Reserve Base Fort Worth. MAG-41 is comprised of seven operational units in six states with over 60 rotary and fixed wing aircraft, and over 2,900 personnel in order to provide combat forces in support of Contingency Operations, Unit Deployment Programs and exercise support requirements.

Col Amidon is originally from Stowe, Vermont and is a graduate of The University of Vermont. He earned his MBA at Southern Methodist University Cox School of Business in 2009. In 2012 he attended The Eisenhower School for National Security and Resource Strategy where he earned a Master of Science. Col Amidon is married with three children.

Wayne Jonas, MD

Executive Director, Samueli Integrative Health Program

@DrWayneJonas

Dr. Jonas is a practicing family physician, an expert in integrative health and health care delivery, and a widely published scientific investigator. His new book, *How Healing Works*, was published in January 2018 by Ten Speed Press.

From 2001-2016, he was Chief Executive Officer of Samueli Institute, a nonprofit medical research organization supporting the scientific investigation of healing processes in the areas of stress, pain and resilience. Dr. Jonas was the Director of the Office of Alternative Medicine at the NIH from 1995-1999, and prior to that served as the Director of the Medical Research Fellowship at the Walter Reed Army Institute of Research. He is a Fellow of the American Academy of Family Physicians,

Dr. Jonas is a retired Lieutenant Colonel in the Medical Corps of the United States Army.

His research has appeared in peer-reviewed journals such as the *Journal of the American Medical Association*, *Nature Medicine*, the *Journal of Family Practice*, the *Annals of Internal Medicine*, and *The Lancet*.

Speaker Biographies

COVER Commission Meeting July 24-25, 2018

Dr. Lucille Beck is the Acting Deputy Under Secretary for Health for Policy and Services for the Veterans Health Administration, Veterans Affairs. She is also the Chief Officer for Rehabilitation and Prosthetic Services in the Office of Patient Care Services. Her responsibilities include oversight and direction for: VHA national program offices for the National Veterans Sports Programs and Special Events; Physical Medicine and Rehabilitation Service; Prosthetic and Sensory Aids Service; Audiology and Speech Pathology Service; Blind Rehabilitation Service; Chiropractic Care; and Recreation Therapy Service. Additional special programs under her responsibility include the Polytrauma System of Care, Amputation System of Care, Traumatic Brain Injury (TBI) Program, and the Blind Rehabilitation Continuum of Care.

Dr. Beck began her VA career as a clinical audiologist, advancing to become the Coordinator of VA's National Hearing Aid Program, and Chief of the Audiology and Speech Pathology Service at the Washington D.C. VA Medical Center.

Dr. Beck received the Presidential Rank Award for Meritorious Executive Service in 2000, and in 2007 received the Presidential Rank Award for Distinguished Executive Service. She is the 2008 recipient of the Deafness Research Foundation Research and Public Education Award for outstanding contributions to the development of hearing health care through research and education. The Pennsylvania College of Optometry, School of Audiology, conferred upon Dr. Beck the honorary degree, Doctor of Science, in 2008 for her contributions to Americans with hearing loss. In 2016 she received the Howard E. "Rocky" Stone Humanitarian Award from the Hearing Loss Association of America for her extraordinary contributions toward the furtherance of the objectives and personal exemplification of the philosophy envisioned by Howard E. Stone, founder of Self Help for Hard of Hearing People.

Dr. Beck is a founding member and past president of the American Academy of Audiology, and a recipient of its Distinguished Service Award. She has jointly held faculty appointments at Gallaudet University, George Washington University, and the University of Maryland. She has authored numerous publications, scientific papers, and is a well-known presenter on topics ranging from amplification, outcomes, patient satisfaction, professional issues in audiology, and rehabilitation for the nation's veterans.

Frances Murphy MD, MPH has had a distinguished career as a healthcare executive, board-certified neurologist and US Air Force Veteran. Dr. Murphy currently serves as President and CEO of Sigma Health Consulting, LLC, a woman, veteran-owned small business. Dr. Murphy is a senior healthcare executive with extensive experience in managing, operating, and transforming large programs and health care organizations. Her experience is diverse and covers the wide range of activities encompassed by the federal health care market; this experience results in a unique ability to understand the global picture while being expert and knowledgeable about technical and scientific methodology in a rapidly evolving environment. Dr. Murphy's current work has been focused on evidence-based medicine, patient-centered care, and mental health policy and program evaluations. She published numerous peer reviewed publications, book chapters and reports.

Dr. Murphy had 20 year career working in the Department of Veterans Affairs at VA medical centers doing neurologic care, research and education as well as in VA Central Office as a senior executive.

Tracy W. Gaudet, MD, is the Executive Director of the Veterans Health Administration's (VHA) National Office of Patient Centered Care and Cultural Transformation. This Office is charged with leading VHA's transformation to Whole Health, an approach to healthcare that empowers and equips people to take charge of their health and live their life to the fullest. This undertaking represents a fundamental re-envisioning and redesign in the philosophy and practice of healthcare delivery for our Veterans and our Nation.

Dr. Gaudet came to the VA from Duke University Health System, where she served as Executive Director of Duke Integrative Medicine from 2001 to 2010. Under her leadership, Duke Integrative Medicine created a state-of-the-art healthcare facility dedicated to the transformation of medicine through the exploration, demonstration, and research of new models of patient-centered care. Prior to her work at Duke, Dr. Gaudet was the founding Executive Director of the University of Arizona Program in Integrative Medicine, leading the design of the country's first comprehensive curriculum in this new field, launching a two-year full-time fellowship, and then creating the two-year distance learning fellowship. In addition, Dr. Gaudet co-founded the Consortium of Academic Health Centers for Integrative Medicine.

Dr. Gaudet received her BA degree in Psychology and Sociology from Duke University, her MD degree from Duke University, and she completed her residency in Obstetrics and Gynecology at the University of Texas in San Antonio. She is Board Certified in Obstetrics and Gynecology, and regularly teaches and writes for the American College of Obstetrics and Gynecology.

A recognized leader in the transformation of healthcare, she speaks nationally in public and professional venues ranging from National Academy of Medicine and Department of Defense to The Oprah Show. She was featured on the PBS nationally acclaimed special entitled "The New Medicine," and named by Shape magazine as one of the eleven women who shape the world. In July of 2011, Dr. Gaudet was recognized as one of the "Top 25 Women in Healthcare 2011" by Modern Healthcare. In October of 2013, Dr. Gaudet was featured as a Game Changer in Fortune Magazine. She was named the recipient of the 2013 Bravewell Leadership Award for her significant contributions to advancing the field of medicine. Dr. Gaudet is also the author of *Consciously Female*, a book on integrative medicine and women's health, and *Body, Soul and Baby*.

Dr. Paula Schnurr is the Executive Director of the National Center for Posttraumatic Stress Disorder and had previously served as Deputy Executive Director of the Center since 1989. She is a Professor of Psychiatry at the Geisel School of Medicine at Dartmouth and Editor of the Clinician's Trauma Update-Online.

She received her PhD in Experimental Psychology at Dartmouth College in 1984 and then completed a post-doctoral fellowship in the Department of Psychiatry at the Geisel School of Medicine at Dartmouth. Dr. Schnurr is Past-President of the International Society for Traumatic Stress Studies and is a fellow of the American Psychological Association and of the Association for Psychological Science. She previously served as Editor of the Journal of Traumatic Stress.

She has investigated risk and resilience factors associated with the long-term physical and mental health outcomes of exposure to traumatic events. She is an expert on psychotherapy research and has conducted a number of clinical trials of PTSD treatment, including multi-site trials of Prolonged Exposure for female veterans and active duty personnel with PTSD and of group psychotherapy for PTSD in Vietnam veterans. Her most current grants are a comparative effectiveness trial of Prolonged Exposure and Cognitive Processing Therapy and a validation of the Primary-Care PTSD Screen for DSM-5.

Kavitha P. Reddy MD FACEP ABIM, Emergency Medicine/Integrative Medicine Whole Health System Clinical Director, VA STL HealthCare System, Clinical Champion Office of Patient-Centered Care and Cultural Transformation, Assistant Professor in emergency medicine in medicine Washington University School of Medicine.

Dr. Kavitha Reddy trained at University of Missouri in Kansas City, receiving her BLA and MD from that institution in 2000. She completed her residency in emergency medicine at University of Illinois in Chicago and is board-certified through the American Board of Emergency Medicine. She has practiced in several academic, community, and rural hospitals and is a fellow of the American College of Emergency Physicians, with greater than 15 years of clinical experience. She graduated from the University of Arizona Integrative Medicine Fellowship in 2014, and is board certified through the American Board of Integrative Medicine.

Kavitha Reddy is currently an emergency medicine physician at VA St. Louis Healthcare System in Missouri, and had practiced at Jesse Brown VAMC in Chicago, IL for 5 years prior to that. She serves as the Whole Health System Clinical Director in VA St. Louis Healthcare System, which is a flagship facility for Whole Health. In addition, she maintains clinical duties in the emergency department, and she is an assistant professor in emergency medicine at Washington University School of Medicine. She has been working closely with the Office of Patient-Centered Care and Cultural Transformation as a clinical champion since 2011, and currently is the Lead Clinical Champion for the Integrative Health Coordinating Center under this office.

Dr. Alicia Carriquiry is Distinguished Professor of Liberal Arts and Sciences and Professor of Statistics at Iowa State University. She also holds the President's Chair in Statistics and is Director of the Center for Statistics and Applications in Forensic Evidence (CSAFE), a NIST Center of Excellence.

Dr. Carriquiry is an elected member of the National Academy of Medicine, and a Fellow of the AAAS. She is also an elected member of the International Statistical Institute, a Fellow of the American Statistical Association, a Fellow of the Institute of Mathematical Statistics, and a Fellow of the International Society for Bayesian Analysis. Currently, she chairs the Committee to Evaluate Access to Mental Health Resources for Veterans Offered by the VA, serves on the NAM Committee to review the DRIs for sodium and potassium, and is a member of CATS (Committee on Applied and Theoretical Statistics), of the Advisory Board for DBASSE (Division of Behavioral and Social Sciences and Education) and of the Report Review Committee (RRC) of the National Academies.

Carriquiry's research is in applications of statistics in human nutrition, bioinformatics, forensic sciences and traffic safety. She participated in the National Academies' process to develop the Dietary Reference Intakes (DRIs) and maintains an active research and training program in the area of dietary assessment and planning. Carriquiry has published over 130 peer-reviewed articles in journals in statistics, economics, nutrition, bioinformatics, mathematics, animal genetics, and several other areas, and has raised tens of millions of dollars in sponsored research funding. Dr. Carriquiry teaches courses at every level (undergraduate and graduate) in statistics at Iowa State University and has been invited to teach short courses in many organizations around the world as well as in the federal government. She has mentored (or is in the process of mentoring) 21 doctoral students in statistics.

Carriquiry was born in Uruguay, where she graduated as an engineer in 1982. After coming to the United States, she received an MSc in animal science from the University of Illinois (1985), an MSc in statistics (1986) and a PhD in statistics and animal genetics (1989) both from Iowa State University.

Dr. Wendy Tenhula, is the Director of Innovation and Collaboration in the Office of Mental Health and Suicide Prevention at the U.S. Department of Veterans Affairs (VA). She oversees VA's Mental Health Centers of Excellence including the National Center for Posttraumatic Stress Disorder and programs that address women's mental health, families, and the effects of military sexual trauma. She also leads coordination with the U.S. Department of Defense (DoD) and the Substance Abuse and Mental Health Services Administration (SAMHSA) on mental health issues and oversees VA's national award-winning Make the Connection outreach campaign.

As a clinical psychologist, Dr. Tenhula has extensive expertise in psychological interventions, the cognitive effects of schizophrenia, vocational rehabilitation, and campaigns to reduce the stigma associated with seeking mental health treatment. Her research has been published in multiple articles and books.

Dr. Tenhula earned her bachelor's degree in psychology at Vanderbilt University and doctorate in clinical psychology at Northwestern University. She completed her internship and a postdoctoral fellowship at the Hennepin County Medical Center in Minneapolis and a second fellowship year in the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. She has been with the Department of Veterans Affairs for 18 years.

Alison M. Whitehead, MPH, National Program Manager, Integrative Health Coordinating Center, VHA Office of Patient Centered Care & Cultural Transformation. Ms. Whitehead began her work in public service in 2004 as a Peace Corps volunteer in the Dominican Republic, working with community health workers, training peer educators for the prevention of teen pregnancy and HIV/STIs, as well as coaching soccer for high risk youth.

In graduate school while earning her Master's in Public Health from Columbia University, Alison taught health education sessions to formerly incarcerated men at a federal prisoner re-entry program and helped to start up a multidisciplinary practicum program for Columbia University in the Dominican Republic for students of Public Health, Nursing, and Social Work.

She began working for the Women's Health Services office at VA Central Office in 2010 as a Presidential Management Fellow/Project Manager leading projects related to women Veteran's cardiovascular health, mobile applications development for women Veterans, integrative health and others. Alison co-developed a Yoga for PTSD Program at the Manhattan VA Medical Center in 2014 and in September 2015 transitioned out of Women's Health Services to take on the role of National Program Manager for the VHA Integrative Health Coordinating Center, Office of Patient Centered Care & Cultural Transformation.

In this role, Ms. Whitehead leads efforts around the development of programs, policies, and other infrastructure to support implementation of integrative health across VHA. Alison is the incoming Chair for the Academic Consortium for Integrative Medicine and Health (ACIMH) Policy Working Group, and an Alternate Designated Federal Officer (ADFO) for the Creating Options for Veterans Expedited Recovery (COVER) Commission. Alison is a Yoga Alliance registered yoga teacher at the 500 hour level, a certified personal trainer through the National Academy of Sports Medicine, and is in training to become a certified yoga therapist.

From: Leinenkugel, Jake
Sent: 18 Jul 2018 18:00:48 +0000
To: (b)(6) (b)(6) B.
Subject: RE: COVER Shared mailbox

How do we access shared mailbox?

From: (b)(6) (b)(6) B.
Sent: Friday, July 13, 2018 10:09 AM
To: Leinenkugel, Jake
Subject: RE: COVER Shared mailbox

I agree. I need to nail down our media poc so I can prepare responses for their review. ACMO was not able to provide.

Sent with Good (www.good.com)

From: Leinenkugel, Jake
Sent: Friday, July 13, 2018 10:03:53 AM
To: (b)(6) (b)(6) B.
Subject: RE: COVER Shared mailbox

I believe there will be much interest and quite a few followers to this Commission.

Sent with Good (www.good.com)

From: (b)(6) (b)(6) B.
Sent: Thursday, July 12, 2018 4:18:43 PM
To: Leinenkugel, Jake
Cc: (b)(6) (b)(6) D.; (b)(6) (b)(6) B.
Subject: COVER Shared mailbox

Jake - Now that the meeting is posted on the Federal Register we have our first question and it came from the Nimitz group. They are the leading lobbying firm on Capitol Hill tackling the most challenging veteran and healthcare policy issues.

They want more information on the agenda items and what is open to the public (which is actually in the notice) but can provide that and the list of members on the Commission.

We are building a tracking system to record questions and responses and where we can build FAQs we will. So when we get audited we will have everything on the SP ready to pull up.

I want to talk to ACMO and make sure we aren't releasing anything that we should not at this point – I think we can be pretty transparent on this – just want to be absolutely sure since they will begin researching all of you.

Thank you

Vr/ (b)(6)

(b)(6) B. (b)(6)

Designated Federal Officer

COVER Commission

(b)(6)

(b)(6)

From: Leinenkugel, Jake
Sent: 18 Jul 2018 15:24:30 +0000
To: (b)(6) (b)(6) B.
Subject: RE: Pre-brief for ASECVA COVER Visit

I will be on train from BWI. Going in/out of Baltimore saved \$350. I don't mind the \$7.00 train ride as it only takes 40 minutes.

From: (b)(6) (b)(6) B.
Sent: Wednesday, July 18, 2018 11:08 AM
To: Leinenkugel, Jake
Subject: FW: Pre-brief for ASECVA COVER Visit

Hi Jake if you are in by then you might want to join us on this ACMO and DFO are supposed to discuss talking points we submitted to the SECVA.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: Moragne, Jeffrey
Sent: Wednesday, July 18, 2018 10:57 AM
To: (b)(6) (b)(6) B.
Cc: (b)(6)
Subject: FW: Pre-brief for ASECVA COVER Visit

(b)(6)

Good Morning!

You and I will attend a pre-brief with SECVA to discuss the talking points for his visit to COVER on Monday/Jul 23/3PM...room 1000/ 810 Vermont Ave.

You'll be doing most of the talking in the pre-brief...let me know if you have any questions.

Please plan to show up 10 minutes early for the pre-brief.

Thank you.

Respectfully,

(b)(6)
Director, ACMO
Department of Veterans Affairs
(b)(6)

From: (b)(6)
Sent: Wednesday, July 18, 2018 10:53 AM
To: (b)(6)@va.gov>
Cc: (b)(6)@va.gov>; Calendar, Resident Clinic Coverage
<ResidentClinicCoverage.Calendar@va.gov>; Syrek, Christopher D. (Chris)
<Christopher.Syrek@va.gov>; (b)(6)@va.gov>
Subject: RE: Pre-brief for ASECVA COVER Visit

Hi Jackie,

(b)(6) (b)(6) and I will attend...understand SECVA suite Mon/Jul 23/3PM.

Thank you.

Respectfully,
(b)(6)
Director, ACMO
Department of Veterans Affairs
(b)(6)

From: (b)(6)
Sent: Wednesday, July 18, 2018 8:29 AM
To: (b)(6)@va.gov>
Cc: (b)(6)@va.gov>; Calendar, Resident Clinic Coverage
<ResidentClinicCoverage.Calendar@va.gov>; Syrek, Christopher D. (Chris)
<Christopher.Syrek@va.gov>; (b)(6)@va.gov>
Subject: RE: Pre-brief for ASECVA COVER Visit

How about the 23rd at 3:00pm?

From: (b)(6)
Sent: Wednesday, July 18, 2018 6:41 AM
To: (b)(6)
Cc: (b)(6); Calendar, Resident Clinic Coverage; Syrek, Christopher D. (Chris)
Subject: Pre-brief for ASECVA COVER Visit

H (b)(6)

Do we have a time to pre brief SECVA for his COVER visit on Jul 25?

Please advise.

Thank you.

Respectfully,

(b)(6)

Director, Advisory Committee Management Office
Dept Veterans Affairs

(b)(6)

From: Leinenkugel, Jake
Sent: 18 Jul 2018 10:02:50 -0500
To: Byrne, Jim (OGC)
Cc: (b)(6) (b)(6) (b)(6) (b)(6) D.;Leinenkugel, Jake
Subject: FW: Paperwork Reduction Act for COVER Commission

Good morning Jim: Hope you are well and need your help. COVER Commission needs to survey veterans both in VA and also private facilities on their mental health care. Please see email stream below. Asking for OGC assistance by Friday in regards to paper reduction act issue. Believe OGC expert on leave. Thanks much.

V/R,

Jake

From: (b)(6) (b)(6) B.
Sent: Wednesday, July 18, 2018 10:58 AM
To: jakeleinie (b)(6)@gmail.com); Leinenkugel, Jake
Subject: FW: Paperwork Reduction Act for COVER Commission

Jake below is where OGC said the expert is out until Monday.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
(b)(6)

From: (b)(6) (b)(6) B.
Sent: Tuesday, July 17, 2018 1:42 PM
To: (b)(6) (b)(6) OGC
Cc: (b)(6) (b)(6) (b)(6) (b)(6) @sigma-hc.com
Subject: RE: Paperwork Reduction Act for COVER Commission

Please – it will effect a presentation at the COVER meeting on Tuesday and Wednesday of next week.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission

(b)(6) [REDACTED]
(b)(6) [REDACTED]

From: (b)(6) (OGC)
Sent: Tuesday, July 17, 2018 1:36 PM
To: (b)(6) (b)(6) B.
Cc: (b)(6) (OGC)
Subject: FW: Paperwork Reduction Act for COVER Commission
Importance: High

Hi, (b)(6) is our expert in Paperwork Reduction Act issues but will be out of the office until next week. Could I have him give you a call on Monday?

From: Hogan, Michael R. (OGC)
Sent: Tuesday, July 17, 2018 9:08 AM
To: (b)(6) (OGC) (b)(6) @va.gov>
Cc: (b)(6) (OGC) (b)(6) @va.gov> (b)(6) (OGC) (b)(6) @va.gov>;
(b)(6) (OGC) (b)(6) @va.gov>
Subject: FW: Paperwork Reduction Act for COVER Commission
Importance: High

(b)(6)

Do you have experience with Paperwork Reduction Act? Do you know if anyone else does?

If you do, please review the attached and contact (b)(6) (b)(6) to discuss.

Thank you.

MICHAEL R. HOGAN
Office of General Counsel
US Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420
202.461.7713 (Direct)

From: (b)(6) (b)(6) B.
Sent: Monday, July 16, 2018 3:56 PM
To: Hogan, Michael R. (OGC) (b)(6) (b)(6) (OGC)
(b)(6) va.gov>
Cc: Leinenkugel, Jake <Thomas.Leinenkugel@va.gov>; (b)(6) (b)(6) B. (b)(6)
(b)(6) (b)(6) D. (b)(6)
Subject: Paperwork Reduction Act for COVER Commission

Mike (b)(6) Good afternoon – The COVER Commission is established as required by section 931 of the Comprehensive Addiction and Recovery Act of 2016 (CARA), Public Law 114-198. POTUS approved Jake Leinenkugel as the Chair and the House and Senate Committees on Veterans provided membership

As part of the legislation, COVER The COVER Commission is tasked by legislation to complete several duties one being to conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine:

- (i) the experience of Veterans with the Department of Veterans Affairs (VA) when seeking medical assistance for mental health issues through the health care system of the Department;
- (ii) (ii) the experience of Veterans with non-Department facilities and health professionals for treating mental health issues;
- (iii) (iii) the preference of Veterans regarding available treatment for mental health issues and which methods the Veterans believe to be most effective;
- (iv) (iv) the experience, if any, of Veterans with respect to the complementary and integrative health treatment therapies described in paragraph 4(C) below;
- (v) (v) the prevalence of prescribing prescription medication among Veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues; and
- (vi) (vi) the outreach efforts of the Secretary regarding the availability of benefits and treatments for Veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments.

The Paperwork reduction act seems to be a potential barrier to us meeting this requirement within the 18 months of the Commission. I wondered if we met the requirements for the fast-tracked or expedited submission and if we need to be aware of any other potential barriers to meeting this guidance.

If you could direct me to the best POC in OGC to assist in answering this question I would greatly appreciate it.

Thank you

Vr/ (b)(6)

(b)(6) B. (b)(6)

Designated Federal Officer

COVER Commission

(b)(6)

(b)(6)

From: Leinenkugel, Jake
Sent: 18 Jul 2018 14:55:39 +0000
To: (b)(6)
Subject: RE: [EXTERNAL] Fwd: HBOT Bill

You will do well and praying for success with these wonderful groups.

From: (b)(6) [mailto:(b)(6)@gmail.com]
Sent: Wednesday, July 18, 2018 9:48 AM
To: Leinenkugel, Jake
Subject: Re: [EXTERNAL] Fwd: HBOT Bill

I will be meeting with Meadows Mental Health here in Dallas. Also fits for the vets. They have strong political ties and are willing to come on board and help with hbott and? For our vets. I hope we are on the right track. If not and I am just spinning my wheels, then I seriously need to start drinking. Stay close as I move mountains. I'll meet you at the top.

(b)(6)

Sent from my iPhone

On Jul 18, 2018, at 8:33 AM, Leinenkugel, Jake (b)(6) wrote:

I like it and will become something we seriously explore with COVER Commission....it fits Veterans Recovery Act.

From: (b)(6) [mailto:(b)(6)@gmail.com]
Sent: Wednesday, July 18, 2018 5:44 AM
To: Leinenkugel, Jake
Subject: [EXTERNAL] Fwd: HBOT Bill

FYI

This is the bill that has passed in 5 states now. It is on the legislative floor of 13 other states. AAHA involved in all.

Allene

Sent from my iPhone

Begin forwarded message:

From: (b)(6) @hotmail.com>
Date: July 17, 2018 at 12:42:05 PM CDT
To: (b)(6) @co.collin.tx.us>
Subject: HBOT Bill

(b)(6)

As I understand it from (b)(6) you would like the Bill No for the HBOT bill passed in the last Legislative Session. The Bill No is HB-271. It was signed by the Governor. The full text of the signed bill can be seen

at <https://legiscan.com/TX/text/HB271/id/1619498/Texas-2017-HB271-Enrolled.html>.

Please call me if you need more information.



[Texas HB271 | 2017-2018 | 85th Legislature](#)

[legiscan.com](#)

Bill Text (2017-05-29) Relating to the establishment of the Veterans Recovery Pilot Program to provide certain veterans with hyperbaric oxygen treatment. [Effective on 9/1/17]

(b)(6)

Grandfather of a 'Restored from TBI' Veteran

(b)(6)

From: Leinenkugel, Jake
Sent: 18 Jul 2018 13:34:36 +0000
To: (b)(6) (b)(6) B.
Subject: RE: [EXTERNAL] Re: V2 Meeting Room Layout_South America AB Rooms July 2018 (3)

Perfect. I will be calling in at 9:00am CDT/10:00am EDT.

From: (b)(6) (b)(6) B.
Sent: Wednesday, July 18, 2018 8:09 AM
To: Jake Leinenkugel
Cc: Leinenkugel, Jake; (b)(6) (b)(6) D.
Subject: RE: [EXTERNAL] Re: V2 Meeting Room Layout_South America AB Rooms July 2018 (3)

I agree we need new members – I am going to talk to Jeff and see if we can get approval as long as we are not making decisions or voting.

Does 10am EST (this morning work) – I will send a invite.

Thank you

Vr/ (b)(6)
(b)(6) B. (b)(6)
Designated Federal Officer
COVER Commission
(b)(6)
202-461-6475

From: Jake Leinenkugel [mailto:(b)(6)@gmail.com]
Sent: Tuesday, July 17, 2018 8:28 PM
To: (b)(6) (b)(6) B.
Cc: Leinenkugel, Jake; (b)(6) (b)(6) D.
Subject: [EXTERNAL] Re: V2 Meeting Room Layout_South America AB Rooms July 2018 (3)

I'm meeting with some of the Eau Claire VFW members this evening....interesting perspective/contrast vs. D.C. leadership. I will call you in morning for updates. What's best time for all? 15 minute call. We need to get new member or two prior to August so we don't have quorum issues.

On Tue, Jul 17, 2018 at 6:07 PM (b)(6) (b)(6) (b)(6) [@va.gov> wrote:](mailto:@va.gov)

Good evening Jake –

1. Two briefings are in both from (b)(6) – I helped cut hers down tremendously but it is a lot of info and I told her she can put a lot in backup if it is needed – all the slides and the backs up slides are in the seat side binders. I will begin sending them to you as they come in.

2. (b)(6) and (b)(6) briefing is in internal VHA coordination.
3. I have asked VHA about inviting Dr. Stone – they are supposed to discuss t Dr. Clancy's meeting.
4. Attached a different arrangement for the table which puts you at the end near speakers since you will probably want to say something after they are each finished and this way you don't have to keep going back around the group. I put (b)(6) across from you – we have a placard with Co-Chair once you have finalized that with him we can change it out.
5. Do you prefer Jake on your placard and name tag or Thomas J (Jake) Leinenkugel?
6. I sent you proposed speakers for August. I have to have the Federal notice submitted Friday so have to build an agenda for that. Most have agreed in discussion with you and I or with other discussions on going. The research folks I have not locked in. Once you look at the list I will begin confirming all of them.
7. (b)(6) is now not available for August, we knew Wayne Jonas was not available day two for wife's surgery, and (b)(6) is deployed. I will talk to ACMO tomorrow since we may have a quorum issue.
8. Don't have contact info on (b)(6) yet but as soon as I have that I will invite him, give him the schedule of meetings and add him as advisor on the org chart.
9. Have given OCLA all the vacancies and who owes what – will ask tomorrow for a status since that gives them a week.
10. We have two ADFO's in training (from Dave Carroll's generosity) this will be a real help as teams go out.
11. OGC rep to look at Paperwork Reduction questions, is out until Monday.
12. Have asked Public Affairs for any VA protocol we need to be aware of when responding to messages on the commission that come to our share box. Right now just the one and I can respond easily as it is not private or secure info requested (I sent you the question form Nimitz Group) but was hoping for a response. Did not have a POC and their contact info on the VA web internal only goes to a share box.
13. Have been sending your emails to VA mailbox – are you getting them? If not let me know best one to use for you.

Hope all is well and you are getting in some grandpa time with your work schedule.

(b)(6)